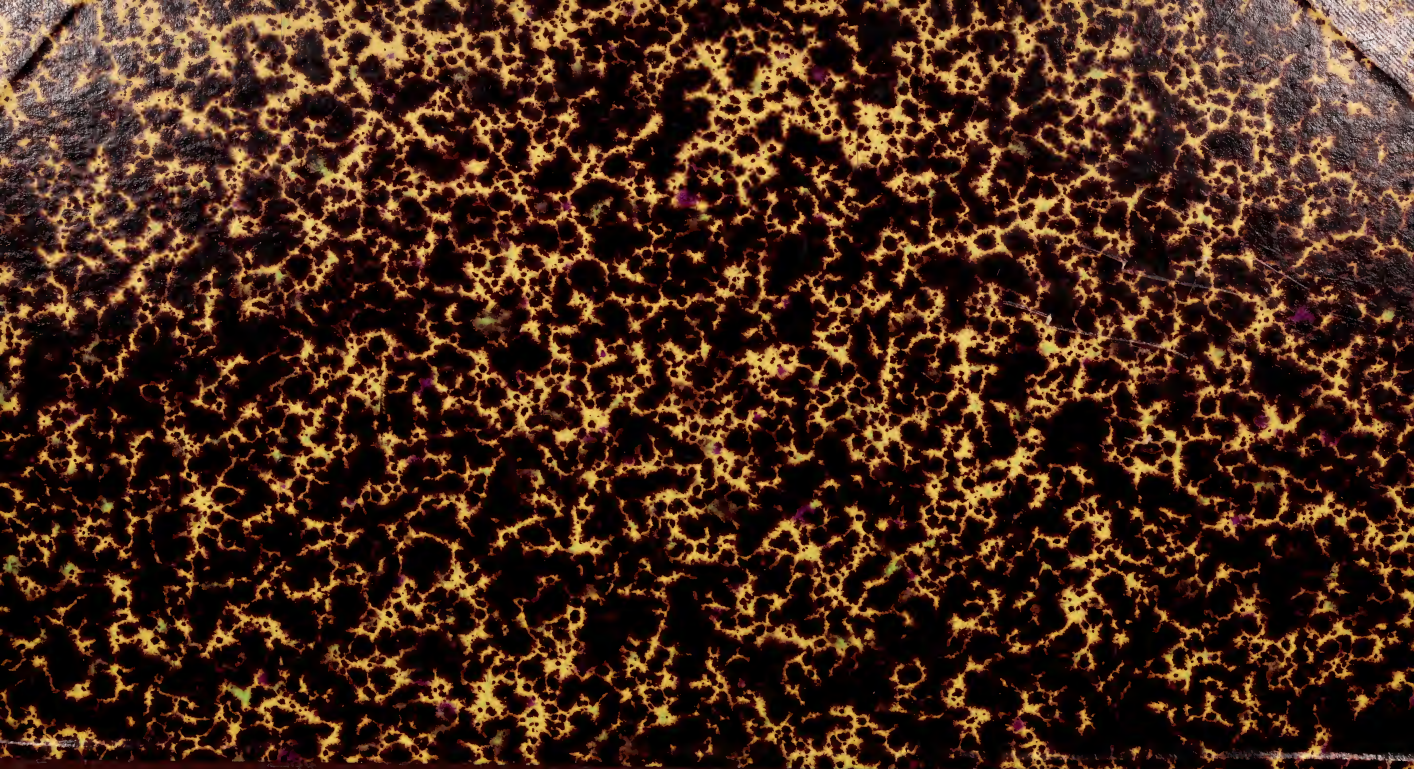

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THE NATIONAL

ECLECTIC MEDICAL ASSOCIATION

QUARTERLY

EDITED BY

WILLIAM NELSON MUNDY, M.D.

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WILLIAM P. BEST, M.D.

President-Elect of the National Eclectic Medical Association

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

Vol. IX. CINCINNATI, SEPTEMBER, 1917. No. 1.

WILLIAM P. BEST, M.D.

Our President for 1917-18 needs no introduction to our readers. Recording Secretary for ten years, he has become a familiar personage to all the members of the society. Whilst we feel that the promotion is deserved, yet it is with a keen feeling of regret that we see him lay down the toga of Secretary to assume that of the presiding officer, knowing that it means soon a severance of the kind relations that have existed between us for the past eight years. Those years have been years of pleasant relations, relations that have brought us into close intimacy and friendship, which we trust will be lasting. We have learned to honor and respect him for his honesty, steadfastness to duty and uprightness of character. He has been untiring in his efforts, and we trust his present year will be as successful as his past years of official life.

Dr. William P. Best was born at Fairfield, Franklin Co., Ind., August 3, 1864, and was educated in the common schools of the village. At seventeen he began to teach school and began the study of medicine with Dr. Geo. W. Homsher, then of Fairfield but now of Camden, Ohio. With his first $125.00 earned he purchased a scholarship. He attended the spring session of the Eclectic Medical Institute in 1883, taught school until 1887, and again entered college and graduated in June, 1888. At present he is a trustee of his Alma Mater. He was married to Miss Harriet Dennett, of Brookville, Ind., June 22, 1887, and began practice at Mt. Carmel in September, 1888. From Mt. Carmel he moved to Dublin, Ind., where he remained only one year. He attended the New York Post-graduate School and located in Indianapolis in 1900.

In 1893 he was elected Recording Secretary of the Indiana Eclectic Medical Society, which position he held until 1899, when he was elected President, and, in 1902, Corresponding Secretary.

At the Put-in Bay meeting of the National he was elected Recording Secretary, which position he held ten years and was largely instrumental in its reorganization and in the origin of the Quarterly. The last ten years he has devoted a very large portion of his time and energies to this work.

In politics he is a Republican, though not active in politics save only in legislative matters pertaining to medicine.

FORTY-SEVENTH ANNUAL SESSION OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION, NASHVILLE, TENN. JUNE 19-22, 1917. HOTEL HERMITAGE.

Minutes of the Forty-seventh Annual Session.

The forty-seventh annual session of the National Eclectic Medical Association was called to order at the Hotel Hermitage, Nashville, Tenn., June 19, 1917, by the President, Dr. W. E. Daniels, of Madison, South Dakota.

INVOCATION.

Dr. John R. Gunn (Pastor Central Baptist Church): Almighty God, our Heavenly Father, we rejoice that we can come to Thee as children unto a father, and we come feeling a sense of gratitude. We are grateful to Thee for all the manifold manifestations of Thy goodness and Thy mercy towards us. We thank Thee for all the provisions Thou hast made for the happiness of the human race. We are grateful that Thou hast raised up men in all the different trades and professions, men equipped and trained to render service, to meet their share of responsibility in society, and today we are especially grateful that Thou hast raised up men in the medical profession who have meant so much to the world. We thank Thee for the men who have gathered here today for their contribution to the cause of science, and we pray Thee that Thou wilt bless them as they assemble here in this convention. Bless them, we pray Thee, in their deliberations, and may they have a consciousness that they are serving humanity as they go in and out of our homes with the light of science to bring healing to the sick and relief to the suffering. We pray Thee that they may have a realization of the Divine presence, Divine leadership. We ask Thee, our Father, that Thou wilt preserve these men as they are in this convention. Bless, we pray Thee, their home and their loved ones they have left behind; bless their patients and sick ones upon whom they are waiting in their home communities; alleviate their suffering and preserve them until these men can come back again to their relief.

Let Thy blessing be upon all the sessions of this convention, and may everything that is said and done be for the glory of God and for the welfare of humanity. We ask this only in the name of Him whom we recognize as our Lord and Savior. Amen.

The President: Ladies and Gentlemen, I have the pleasure of introducing this morning Hon. Tom C. Rye, Governor of Tennessee, the man who helped to make Tennessee "dry."

ADDRESS OF WELCOME.

Hon. Tom C. Rye, Governor of State of Tennessee.

Ladies and Gentlemen:

I did play some humble part in the existing conditions in Tennessee. For that reason it will not be necessary for the mayor, when he welcomes you to the city, to turn over the keys of the city to you, because we do not lock

up anything down here now. (Applause.) Everything around the city is open to you; and I want to say to you that whatever you find here, take it, it belongs to you, and if the mayor should be called upon, if you should do something wrong, I will pardon you for it.

It affords me pleasure to welcome you to Tennessee, and into the capital city of Tennessee today. I do not welcome you as men from different sections of the United States, for there are no longer any sections in the United States. (Applause.) We are all American citizens, we all stand together in our honor and respect for that flag. Your sons and my sons, your boys and our boys, have gone out together to uphold it; it has never yet represented an enslaved people, and it never will. (Applause.) Already it has caused an impression on foreign soil, and we propose to send an army to back it up, and swear that it shall never be furled even on foreign soil until crowns have been stricken from unworthy brows and the sceptre of oppression and wrong has been wrenched from the hands of tyrants, and upon the wreck and ruin of autocracy has been established a permanent democracy for the benefit of the people. (Applause.)

I welcome you to Tennessee, and I trust that our sunshine may dispel, in so far as it can, the gloomy shadows of war clouds that hang over us. You are gathered together today under different circumstances than ever before. It is necessary and essential that you should keep up this organization for the protection of the world, and just at this time the whole world has its eyes turned to the men of your skill and your ability, because we fear that we are going to need them more than ever, and if we do, I am sure that you will respond to the call.

I trust that this may be one of the most profitable and one of the most pleasant meetings that you have had. It affords me pleasure to welcome you to the state and to Nashville, the hospitality of our people, and to say to you that the hospitality that we shall extend to you here is as free and ungrudging as the sunlight that you enjoy today. I trust you will have a pleasant time in Nashville and assure you again that if you get into trouble that I hold in my hands the pardoning power. (Applause.)

The President: I think it is about twelve years ago since I visited this city, and when I came in Sunday morning and was driven through the city I noticed great improvement. I asked Dr. Harvill how it came that you were having such wonderful improvements and such extensive repairs to the streets, and so on, of the city, making it such a beautiful, clean city. He said, "I will tell you what it is; that is due to our good mayor." So I have the pleasure of introducing to you at this time the Honorable Robert Ewing, mayor of Nashville. (Applause.)

ADDRESS OF WELCOME.

Hon. Robert Ewing, Mayor of Nashville.

Gentlemen:

Governor Rye, as you know, has been commanded by the people of the State of Tennessee to remain here in Nashville for another two years. He

is authorized, therefore, not only to speak in welcome for the entire State of Tennessee, but especially for our capital city, and I always feel that when he is here to welcome any great body of men such as this, that it is really superfluous for me to come. But for eight or ten years I had the privilege of serving as the secretary and treasurer of the old University of Nashville, and I conceived at that time in my intimate relationship with the physicians and surgeons such a high respect for your profession that I always am glad when I have the opportunity to come and say just a word and extend to you a welcome to the city.

Nashville is such an educational center that you gentlemen, without Governor Rye welcoming you, without my coming, know very well that you are welcome. To say nothing else, our selfish interests are dependent in a great measure upon your recognizing this city as a great educational center. I think you know the reputation that it has borne in the past for producing men who, on wider fields of action, have made national if not international reputations. I need not mention their names, because I am satisfied that in the study of your profession and in the study of history these names are close in your memory.

Now, when this war began in Europe no one could conceive for a moment of what was going to be done. Some of us who are fond of reading fiction occasionally get hold of a novel by Alexander Dumas or Balzac, and after reading it we laughingly lay it aside as utterly impossible of accomplishment; but yet we have seen things accomplished in this war, in the three years of this war, which they never for a moment dreamed of. But it is a happy thing, gentlemen, that the members of your profession, while observing these changes in the conduct of war, have also kept pace in your profession with advances to meet these emergencies. It is one of the glories of your profession that you are ready, that you have done what you have done, and that you stand ready to support your nation by doing more. This city has been called on, as have other cities, by the President, and we have chosen to respond to the nation's demand. Governor Rye ordered me about a month ago to hold a registration of the city, which we did. I am happy to say to you, gentlemen, that every one within the city came up cheerfully, registered himself cheerfully and answered the questions propounded to him quickly and in a good humor, and although we have instructed the chief of police to hunt for those who did not do this, we have yet to find any slacker. I do not believe, therefore, that I will have to report to the Governor anything but a most complete registration. I hope you will pardon me for saying this, but ordinarily a registration like that would have cost several thousand dollars, but I am happy to report that every one volunteered their services, and at this time, when the Governor is called upon to spend so much money for our protection, the citizens of Nashville responded quickly and enrolled themselves cheerfully and without the cost to the Governor of a cent. That was practically our first response to the call of the President. We furnished him the men, and we are ready. Money was necessary to equip these men, and we called on Nashville for $24,000. We went to work, everybody ready

to do their part. We subscribed double the amount that we were asked to subscribe, and we stand willing and ready to subscribe five times the amount and to do everything else necessary. We are fully alive to the necessity of furnishing our troops and our allies with food. You will see here on the boulevard that the Governor himself has perhaps as beautiful a garden as you ever saw. I really believe, just between you and me, that he had nothing whatever to do with that garden. I think it was Mrs. Rye, because I know her very well. But I think that garden over there should be an object lesson to every citizen in the state—but we realize that those who are bearing the brunt of the battle must have need of bread, and that we are going to furnish it. We have responded to the call of the President for men, for money, for food. We stand ready and willing to answer another call. But there is one call yet remaining to be answered. What we have done really has not been particularly patriotic. The loan was a profitable investment. The production of more food at the present crisis is certainly a good thing and would show that we have business ability. But the Red Cross appeal for money to support you gentlemen who will be in your profession in charge of these men is the first appeal that goes not particularly to the pocket, but to the heart. Last night I received a telegram from President Wilson asking me what reply the citizens of Nashville were going to make to this tenderest of appeals. I am going to tell him Saturday night that that reply will be the same that the other replies have been—more than has been asked for. Nashville is the capital city of a volunteer state, but we could not volunteer here because we did not know exactly what the Government wanted, but when the Government made known its demands, then it was that we responded, and responded to the very utmost of our ability.

I think that one of the strongest supports that we are going to give the government is organizations such as this. I had explained to me the other night that formerly to undertake to carry a man wounded nearly to dealth back far from the fighting line might be the cause of his death, but that intelligence and science have shown that with proper equipment these wounded dear ones—for they will now become our own boys—could be saved. I have five boys myself, two of them are just at the age where they need restraint. The other three are engaged in producing steel for the government. President Wilson has said, every man to his post wherever he is most needed, and I find it necessary almost to restrain these boys from becoming more active in their service to their government. I am ready myself to respond to any aspect of the case that I may be called on to answer. And so this week as you go through the streets you will find the whole of our city, night and morning, occupied in one thing, and that is in a realization of the necessity, first of money, and then of that intelligence and tenderness demanded of the government from the branch of service which you men are so capable of rendering. I want to say that we welcome you here. I see you have chosen for your place of meeting what is perhaps the most desirable place in this city, because in this room many memorable meetings have been held. Nashville extends to you her right hand of wel-

come; she is proud of your association and proud of every educational association in the South. We in the South are a great empire. We are just waking up to its possibilities. It will respond in a year or two to the needs of the government in the production of food, clothing, and in the handling of our own raw materials in a way that will astonish the world. I am a little cranky on that subject. I have been opposed to sending our raw materials to Germany and allowing them to convert them into finished products and send them back to us. We have the intelligence, we have the money, we have the raw materials, we have the ingenuity. Now, it is a shame and a reproach to our people that we should not declare ourselves commercially independent. I believe that in a measure this is a commercial war. Let the South in Birmingham, New Orleans, and every State of the South avail itself of its wonderful resources, and let the South assume its rightful place in the Union. Tennessee is doing it, and we are proud she is.

I am proud to welcome you here as an intelligent association with a great work before you, which I know you will accomplish as it should be accomplished. I welcome you again.

The President: A year ago, when this association had it put up to them to select a place of meeting for the next year, without a dissenting vote we chose to meet in Nashville. Then the question came up of our entertainment, but that was quite easily solved, for we realized that we had a man of ability at the head of our Entertainment Committee. I wish to introduce to you this morning the man who has arranged all of our entertainment, Dr. J. P. Harvill. (Applause.)

ADDRESS OF WELCOME ON BEHALF OF STATE SOCIETY.

J. Paul Harvill, M.D., Chairman, Entertainment Committee, Nashville, Tenn.

Ladies and Gentlemen:

I know that you do not expect a speech from a member of the local committee that has had to look out for a thousand details in the last few days. I want to say in behalf of the State organization that we are glad you are here. I believe it is about thirty years ago that the National Association met in Nashville. I was not here, as you know; I am too young for that. They met in the old Watkins Institute in the next block. Dr. Russell was there. We had Howe and King and Scudder at that meeting, and we still have Howe and King and Scudder with us today. At that time, I am reliably informed, that about the only entertainment they had was to ride on the old "dummy line." That dummy line commenced at the square and ended nowhere. There used to be a ragtime song about that dummy line—I do not know whether it originated at the time of the meeting of that association or not. I did not know anything about Eclectic medicine at that time. I was still in high school.

Ladies and gentlemen, our school of medicine has been threatened for almost a century for identically the same thing for which seven billion

dollars has been raised by the American people—Liberty. When you see the figure of liberty on the posters throughout the country, with a figure pointing to you and the inscription, "Take a bond or I perish," it is the same identical thing that our school has been fighting for for nearly a century. Seventy-five years ago, if you recall, this matter was taken up in the legislative halls of New York. There is one thing I want to say, that wherever an organized body is struggling for liberty and for peace and for the enjoyment of their rights within the law, the people are with them. I recall now that we had a petition signed by the people, and it extended from the governor's office out five hundred yards down the hill. These were signatures of the people. So when they see that your are struggling for liberty, liberty in medicine, liberty in religion, or politics, you will find they will come to your aid. I do not believe that there is any more need of a kaiser at the head of the medical profession than there is need for one at the head of the German Empire. (Applause.) I believe our men are so imbued with the idea of liberty that they will keep on fighting for this liberty until we win.

I am glad this morning, ladies and gentlemen, to welcome you to Nashville. We do not care to welcome you in words—we hope to welcome you with our old-fashioned Southern hospitality that makes every man feel he is at home. I welcome you in the name of our State society to Nashville and to Tennessee. (Applause.)

The President: I am sure it is a pleasure to all of us this morning to have with us a man that most of you know, a man who is unique in American history, especially in Eclectic medicine; a man who perhaps has done as much or more for the Eclectic school than any man that we have. I am very much pleased this morning to present to you our old friend, Prof. John Uri Lloyd. (Applause.)

RESPONSE TO ADDRESS OF WELCOME.

Prof. John Uri Lloyd, Cincinnati, Ohio.

Mr. President, Ladies and Gentlemen:

These words of welcome affect me deeply. Impossible has it been for our good friends, the governor and the mayor, in the face of conditions now confronting our country, to hold their line of thought in the direction of platitudes and formalities usual when societies are welcomed to cities they visit. I can not recall any instance where local opportunities such as the city of Nashville offers have been as apparently neglected, as has the city of Nashville today by the high authorities I am honored in following.

There must be a reason for this departure from custom long established. The answer is that the time has come for the passing of conventionalities. Locality, individuality, sectionalism, city and state pride, are now subordinated to the great issue that makes America a unit. Men in high positions find it no longer possible to be either rivals or partisans. I know not to what political party the gentlemen belong; it matters little. Party, clans,

artificial division are a thing of the past. There are now no sections, no north, no south, no isolated locality. This is America. In the face of conditions which confront us today all touch of locality has disappeared. We could not have discovered from these masterly and patriotic addresses that this is Nashville, that we are in the State of Tennessee. We have love of home, love of city, love of State as ever, but such as these are ideals of America. The land in which we dwell is neither inland nor borderland; neither seashore, mountain, plain, nor desert. To us no higher patriotism could have been extended, no greater encomium passed on their city than this apparent neglect to mention its name. In behalf of our society, I thank these two earnest men, and consider it an honor to have been selected to make this response.

Perhaps I may be forgiven for being more specific. I am a visitor, and can perhaps take greater liberties. Well do I remember when this city of Nashville was the heart of the South. When the warring sections of the North and South—for they were two sections—were settling their differences in what is now seen to have been a family quarrel. May I not say that if at that very time had arisen a cause, such as we now have before this country, had it come from without when the North and South were facing each other, these two families of Americans would have gathered their forces together and for the benefit of the world's humanity turned their bayonets as one people to face a world common foe.

May I not take a text from Nashville? Nashville has to me many calls that do not come to some of you. Give me the ideals of a people, and I say to you that those ideals will live when all material then built will have passed away. Of the ever-living text in and about Nashville two arise before me as I speak. Possibly neither of them ever came to you, but they are among the most cherished part of what comes to me concerning Nashville. Listen, to be a hero without an epaulette is to make a text to live. Vanderbilt University will crumble, her great buildings will be swept aside and lost to sight, but the story of the heroism of one man of Nashville will be yet an ideal to bring tears to the eyes of those who live, when in the future, is told the story of his simple devotion to a friend.

During the Civil War mothers in this land about us sent their sons to fight in behalf of the cause in which they believed. Fathers and brothers shouldered the musket and turned their faces to repel the invader from the North. When the war was over back to their homes, or to what was left of their homes, did they go. That great Southern leader, Robert E. Lee, turned to his school and led in teaching patriotism to the country in which we live. The people of the South laid aside the gun, they took off their suits of grey, folded the loved battle flag and as American citizens put it away with a tear for those who followed it, never to return. Sacred is that emblem, perhaps in a trunk, perhaps hidden as a treasure in a place of concealment too sacred for strangers' eyes to gaze upon.

Now listen, you perhaps have never met grief and sacrifice such as this. Would you ask a mother to forget the cause of the son, who defending his

principles sleeps in the cemetery toward which his feet turn when in 1862 he carried his musket from his home? Would you, by reason of the fact that he fell battling on the side that failed, but which he believed was right, ask that mother to forget that son? Would you ask a father who went out from his home, leaving his loved ones behind and suffered the privations that came to the soldier of the South in those days, and who in doing so lost his all; who came home to find that all was gone? Would you ask him to forget the cause for which he fought in those days far gone by? No! May I ask what would you think of that mother; what would you think of that father if they did not treasure in their hearts this melancholy story of the past?

Now comes my answer to this text. In Nashville rests a monument that stands as a record of events which, I much fear, the Nashville people themselves can scarcely comprehend. It was not reared by hands to be looked upon by sightseers; it is not made of granite nor yet of marble; it is not uplifted walls of steel or stone. It is a single record of events engraved on paper, only that. And yet it is a story of the past, such as history must use to live. Devoted Mr. Cunningham of Nashville faithfully collected from the homes, the offices, the very souls of the South this precious data. The facts, the photographs, covering these times gone by telling of the deeds of the men who did the work in behalf of the South comprises this monument that stands engraved imperishable. This magazine, the *Confederate Veteran,* published in Nashville, is a monument both to Nashville and the South, a part of our great America as much as is any Southern city or Southern State.

But what about the other man whose devotion to a friend led to this picture? Strange as it may seem, he was but a common hero, and yet has a monument in bronze on Capitol Hill, that I hope every member of this society will visit, take off his hat, then read the inscription beneath the monument. The name of that man, a mere youth of twenty-one, was Sam Davis, and Sam Davis gave his life rather than betray a friend. To have betrayed that friend would have meant death to the friend, and life to Sam. Then when death stared him in the face he wrote to his mother the most beautiful letter America has on record, so simple, so grand in its very simplicity. And his last words as he passed into eternity were: "Not for a thousand lives would I betray a friend."

Is there on record, or engraved in history's pages, a more conspicuous story of man's heroism?

This brings us to the present. Today thousands of heroes are giving their lives in behalf of humanity on the fighting lines of France, thousands as unknown as Sam Davis. From the trenches fronting Verdun writes my son, who is driving an ambulance, telling me much that we do not see mentioned in American print. In one of his letters is this tribute of praise: "The bravest of all the men in the war that I have met and who have received no honor, no mention, no glory, are the stretcher-bearers."

From every home in America with no official capacity, no hope of return

other than to benefit humanity, there will be thousands of unknown American stretcher-bearers, thousands of young men who will go over the ocean never to return. I have heard people call this a foreign war. I heard one man ask, "Why should we fight to help a foreign country?" Let us answer, "There is no foreign country when humanity is at stake."

I have heard men say that they expected the women to keep us out of the war. Bless your soul, the women on whom fall the sacrifice stand up in behalf of home, humanity, religion, country, now as they did in 1862. More than their share will they do that their sons, their fathers, and their brothers may be men, not slaves.

May I not speak of one, my own dear wife? When, last year, our boy, a teacher in Cornell University, pleaded to go to war, and gave his reasons for wanting to go; Mrs. Lloyd said: "Tom, your mother would be ashamed of you if you did not go." This was her only boy, and since he reached the line of battle never a word of complaint has come from his mother. Anxiously does she look for each letter; they are very far apart, not one perhaps for a month. She knows he is in the thick of the battle, but she is content. Whatever comes is a sacrifice in behalf of the great cause of humanity.

Now all this is but a text. We hear much of what people are now attempting to do in behalf of humanity. My friends, the Eclectic School of Medicine did not wait for the time to come when the catastrophe was on them. They began nearly one hundred years ago to prepare America for medical independence; to develop American resources in the direction of American medicines. One of the axioms of the Eclectic fathers was, "Make America independent of the world." They were criticized, abused, ostracized; they were called root and herb doctors, even quacks and charlatans, but they saved American medicine.

We thank the earnest workers of other schools for what they have done. We would like to be credited for what we have accomplished.*

Following Prof. Lloyd's address Dr. Harvill made some announcements in regard to entertainment, and the convention then went into business session, the first order being the roll-call of officers. There being a quorum present, matters of business were then taken up.

Dr. T. D. Adlerman questioned the eligibility of the Kansas City College, and the right of Dr. B. E. Dawson to sit in the House of Delegates.

Moved by Dr. E. G. Sharp that a commitee of three be appointed by the President to report on this matter to this convention at a later date.

Seconded by Dr. Wilmeth and carried.

Moved by Dr. W. P. Best that the proceedings of the last meeting as published in the QUARTERLY be adopted as therein published.

Motion seconded and carried.

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* Additional remarks concerning the work accomplished by the Eclectics, as well as the address on "Colloidal Chemistry," illustrated, will appear in our next number. —EDITOR.

REPORT OF RECORDING SECRETARY.

During the past ten years our association has undergone vital changes, its importance has been enhanced and its influence extended, as well as membership multiplied.

During this time we have passed through a period of peculiar and disorganizing influence which has served to accentuate the need of a closer union and to test the loyalty of our members severely.

At the end of a decade we see the importance of further changes, different policies and more active, if possible, effort to impress the world with the necessity of our system of practice and our men with the importance of yet stronger organization and the formation of new schools to teach our principles, which must be established on firm and unassailable foundation, as well as more loyal support for those now in existence.

I am informed that one of the old colleges of the East has been kept alive and reorganized, equipped and doing work after many years of inactivity. Let us hope that this may be the beginning of successful renewal of interest and effort and an inspiration to the foundation and reorganization of others.

This association, to do the utmost good, should devise ways and secure means for further encouragement and aid to our colleges, because upon the institutions of learning depend the perpetuation of our cause and no more noble work could appeal to us.

All of our institutions now feel the depressing effect of the world war into which we have been finally drawn, regardless of our isolation, distance and desire to maintain neutrality. This war, in a manner, emphasizes the fight for medical freedom for which our association had its origin. This world-wide effort to secure and perpetuate democracy should stimulate us to forever put down the autocracy which has dominated medicine in the old and assumed to control it in the new world.

It becomes more and more important that our friends, the people, should be made aware of the fact that the present tendencies of the medical powers are inimical to our ideals and the very principles upon which our government is founded, and that the autocracy of rulers is the most prominent causative factor in the devastation and destruction now prevailing in Europe.

Our country will soon be, for the first time in its history, put upon a universal military service basis. The necessity for sanitation for the protection of our young men and their health needs no comment, but equally important is the need of sensible, successful and safe means for their treatment when ill, and in this important condition of human life the old school of medicine has demonstrated its inability and utter lack of confidence in its own therapy as is best witnessed in the ever-changing methods of treatment, the large mortality and their avowed lack of reliance in their own teaching of medicine, if they teach it at all.

We have no reason for discouragement if we will but lay our cause before the people whom we serve and advertise to them the marvelous difference in favor of our methods or system of practice. It is absolute folly

for us to possess a jewel of great value to mankind and to timidly hide it from public view and to permit the people, who are clamoring for better practice, to be fed on the gross things of the old school of medicine and the cults which have their origin and owe their growth to the fact that the regulars (?) have no confidence in their medicines and have taught the public to have no confidence in them as physicians.

We owe it to ourselves and the people to appraise them of the wealth of medical discoveries and their successful use by our system of practice. We are bound by duty to appraise the people of our important and valuable materia medica, "not made in Germany," not even in Europe, but that which grows or is made largely from plants of our own America.

Our conservatism will cause our decay, limit our usefulness and we will "see the world go by" while we stand wrapped in the dead, mummifying medical ethics and our great talent, which was entrusted to our care, will be buried with us or be adopted by the survivors who will claim it as their own, or have it discovered in Germany so they may consistently make use of it.

I most earnestly recommend that this matter be taken up and some way devised whereby it will not be forgotten by the time of our next annual meeting.

We further recommend the organized effort to aid state societies in several of the states where difficulties peculiar to each have beset them. Your Executive Committee has given no little time to this work, seeks further aid and advice as to ways and means to this end.

Since we stand for the best possible in medicine it should be known that we also stand for only the best in government and decency in its administration.

We recommend closer co-operation with the state societies, better understanding that we may have less friction, enlarge our usefulness and assist those who desire aid in the work of reclaiming or reorganizing. It should be made a part of the business of this body to have all feel that we are the servants of all, and do not wish to dictate to any, but to cheerfully co-operate.

We need to emphasize the importance of the State society and give more time and effort to each. I recommend that this be a matter for special consideration.

Our men are rallying to and loyally supporting our government, offering their services and lives in the great world war. Recognition and commendation of such men is due and it is to be hoped that our association will uphold the hands of our President of the United States, and make known its willingness and readiness to do its part.

Referred to House of Delegates.

Tuesday Afternoon Session.

Called to order 2:20 by the President.

Music: Fisk Jubilee Singers.

President's address (printed on page 35).
Referred to House of Delegates.

REPORT OF CORRESPONDING SECRETARY.

Before submitting to you my financial report I desire to make a few general suggestions: First, I wish to impress upon the members of this Association that the QUARTERLY is their property and I am simply an employee, doing my best to please and satisfy a peculiar corporation; men of every type and standard. I have been subjected to much personal criticism the past year in my management. Whilst I court criticism and invite it I desire such that is honest and constructive. It should be remembered that there is a criticism that is manly, just and constructive, and there is still another variety which is not truly criticism, but a disgruntled, captious, fault-finding that harasses and destroys. It was to the latter I was subjected and what made the matter harder to bear, the conditions complained of were the result of the laxness, carelessness and indifference of the complainer.

It has always seemed strange to me that the Eclectic members on the medical examining boards of the several States absolutely refuse or neglect to send me any report of their work, though I have asked it yearly. The same applies to the health boards of the several States. Illinois and Iowa send me their health bulletins and I occasionally get one from Kentucky. An occasional report from our representatives would furnish items of news to others. This criticism holds true of our State secretaries in part only and of the officials of some of our colleges.

We need and should have more advertising. I have written and rewritten our better manufacturing houses in all lines and have been persistently refused. In some cases, flatly! in others, by subterfuge and again by misrepresentation. If the membership would assist me we could induce some of these men to see their error. I could never understand why they refuse to recognize us and yet solicit our patronage. Not a single publishing house will accord us the least recognition, yet they advertise in the journals of the drugless schools. Several of the State journals have recently officially mentioned their increase in advertising and one specifically claims it maintains itself by its advertising pages. Another says its advertising has been steadily increasing since 1915. While still another specifically states its advertising pages return a profit to the society. It would appear that the independent journal like the independent college is doomed. Glancing at the advertising pages of the various State journals shows a similarity in advertising. It has occured to me that all this emanates from Dearborn Street, Chicago; hence, the similarity.

Again I desire to call your attention to the fact that papers read before the Association are the property of the Association and should be given to the Secretary of the section. Last year several papers were carried away by their authors and I have never been able to secure them, though I have repeatedly requested them.

The advisability of changing the QUARTERLY to a bi-monthly has frequently occurred to me. Possibly it is not an opportune time to make the change, but I leave the question to you for your serious consideration. To me it would seem a step in the right direction.

Our financial report is as follows:

FINANCIAL ACCOUNT, 1916-1917.

1916			
July 17.	Subscription	$ 1.00	
Aug. 14.	Subscription	1.00	
Aug. 18.	E. G. Sharp, subscriptions	275.00	
Aug. 21.	Net advertising	169.27	
Aug. 24.	Dr. von Unruh, QUARTERLIES	1.00	
Sept. 4.	Subscription	1.00	
Sept. 13.	H. H. Helbing, reprints	3.33	
Sept. 29.	Subscription	1.00	
Oct. 12.	Dr. Fraser, QUARTERLY	.25	
Nov. 6.	New York Pharmacy Co., advertising	24.70	
Nov. 6.	Dr. J. Fraser Barbrick, reprints	4.00	
Nov. 21.	Subscription	1.00	
Nov. 29.	Net advertising	68.35	
Nov. 29.	E. G. Sharp, subscriptions	275.00	
Dec. 20.	T. D. Adlerman, reprints	1.67	
Dec. 21.	QUARTERLIES	7.25	
Dec. 23.	H. H. Helbing, reprints	1.67	
1917			
Feb. 21.	Net advertising (less paper and cover)	5.79	
April 6.	T. D. Adlerman, reprints	3.63	
Feb. 28.	E. G. Sharp, subscriptions	275.00	
Mch. 5.	V. von Unruh, reprints	8.32	
May 14.	Subscription	1.00	
May 26.	Net advertising (less paper)	76.16	
May 31.	E. G. Sharp, subscriptions	275.00	
	Total		$1,481.39

EXPENDITURES, 1916-1917.

1916			
Aug. 11.	Lancet-Clinic Co., printing	$ 9.25	
Aug. 12.	Telephone and telegram	1.02	
Aug. 31.	Lancet-Clinic Co., printing	4.50	
Aug. 31.	Lancet-Clinic Co., September QUARTERLY	242.60	
Oct. 12.	Editor's salary	75.00	
Dec. 16.	Lancet-Clinic Co., December QUARTERLY	273.60	
Dec. 16.	Emerson W. Price Co	3.00	
Dec. 20.	Editor's salary	75.00	
1917			
Mch. 1.	*Peerless Prtg. Co. (Mch., '17 QUARTERLY)	147.16	
Mch. 1.	Editor's salary	75.00	
May 30.	*Peerless Printing Co., QUARTERLY	166.90	
May 31.	Editor's salary	75.00	

*In the contract with the Peerless Printing Company for March and June issues, no paper is included, as that is now deducted from advertising receipts each quarter. Dues collected during the year and paid to Dr. Best, $81.00

May 31.	Postage	25.43	
May 31.	Stenographer, eighteen months	150.00	
June 1.	Advertising stationery	24.00	
	Total		$1,347.46
	Balance due Treasurer		133.93

RECAPITULATION.

Receipts—		
Total subscriptions from Treasurer Sharp	$1,100.00	
Gross advertising	788.69	
Subscriptions	19.85	
Reprints	31.07	
Total		$1,939.61
Expenditures—		
Printing	$ 868.01	
Editor's salary	300.00	
Stenographer, eighteen months	150.00	
Postage, mailing, paper, etc	462.24	
Editor's expense	24.43	
Total		$1,805.68
Balance due		$133.93

The actual cost of this volume for paper, printing, mailing, salaries, etc., is $1,665.56, or nearly $1.05 each, 14 cents more than last year. This increased cost is accounted for by the increased cost of material (paper and cover). It contains 388 pages of reading matter and is the third largest volume issued.

There is an increased amount of advertising above last year, but unless energy is used this will be cut somewhat, as several have already withdrawn.

Respectfully submitted,

W. N. MUNDY, M.D., *Editor.*

Referred to House of Delegates.

REPORT OF TREASURER TO JUNE 1, 1917.

1916			
June 1.	By balance (cash on hand)	$1,350.79	
June 24.	By rebate on QUARTERLY, Mundy	151.62	
June 24.	By interest on monthly balance to June 1	35.00	
July 12.	By Scudder, Committee on Exhibit	28.75	
June 1.	By yearly dues collected	1,789.00	
	Total cash received		$3,355.16

DISBURSEMENTS.

1916			
June 24.	Warrant No. 289, W. N. Mundy	$ 225.50	
June 24.	Warrant No. 290, E. G. Sharp	91.13	
June 24.	Warrant No. 291, W. P. Best	448.69	

July 31.	Warrant No. 292, F. E. Dillon	103.50	
Aug. 16.	Warrant No. 293, W. N. Mundy	275.00	
Aug. 23.	Warrant No. 294, W. P. Best, supplies	169.15	
Aug. 23.	Warrant No. 295, rejected applications	12.00	
Aug. 26.	Warrant No. 296, office bonds	10.00	
Nov. 10.	Warrant No. 297, W. P. Best, incidental expenses	39.79	
Nov. 27.	Warrant No. 298, W. N. Mundy	275.00	
1917			
Feb 25.	Warrant No. 299, W. N. Mundy	275.00	
May 31.	Warrant No. 300, W. N. Mundy	275.00	
	Total disbursements		$2,199.76
June 1. 1917.	By balance (cash on hand)		$1,157.50

Respectfully submitted,
E. G. SHARP, M.D., *Treasurer.*

Referred to House of Delegates.

REPORT OF COUNCIL ON MEDICAL EDUCATION.

T. D. ADLERMAN, M.D., Brooklyn, N. Y.

To the Officers and Members of the National Eclectic Medical Association:

At the last meeting of the National Eclectic Medical Association, held at Cedar Point, Ohio, a Council of Medical Education was elected to create a College Fund through voluntary contributions, gifts and endowments, which shall be distributed among the existing Eclectic medical colleges after due examination of such colleges by said committee (see page 20, September issue, NATIONAL QUARTERLY).

This committee organized early in July by electing Dr. T. D. Adlerman, of Brooklyn, as Chairman of the committee, and after due conference has also decided that all appeals shall be issued through the Chairman of the Committee and from the Chairman's office only.

The Chairman of Council on Medical Education has issued two calls through letters, which were addressed to as many of the members of the National Eclectic Medical Association as we were able to reach. These letters produced the following contributions which were received by the Chairman of the committee and deposited in the Brooklyn Trust Company, the bank book of which and the certificate of deposit are herewith attached.

Dr. D. H. Welling, Ohio	$ 1.00	Dr. W. P. Mercer, Ohio	5.00
Dr. LeRoy H. Smith, Conn	5.00	Dr. W. P. Collins, S. D.	10.00
Dr. J. H. Hauck, Ind	2.00	Dr. G. W. Suddard, S. D.	5.00
Dr. P. A. Kemper, Ohio	2.50	Dr. E. Brunor, New York	1.00
Dr. P. M. Buechler, Ohio	5.00	Dr. J. Steele, New York	1.00
Dr. S. L. Katzoff, Conn	1.00	Dr. J. H. Heacock, New York	1.00
Drs. R. W. and V. Mott Pierce, N. Y.	200.00	Dr. S. Lewin, New York	1.00
Dr. J. S. Leachman, Okla	2.00	Dr. C. B. Graf, New York	1.00
Dr. P. D. Bixell, Ohio	1.00	Dr. A. B. Wolf, New York	1.00
Dr. S. Tomassello, New York	10.00	Dr. G. Hatch, Pa	2.00
Dr. J. Yates, Texas	2.50	Dr. J. D. Keiper, Pa	5.00
Dr. H. A. Shafor, Mich	25.00	Dr. E. F. Shaulis, Pa	25.00
Dr. W. P. Best, Ind	10.00	Dr. J. W. Ritter, Pa	5.00
Dr. W. P. Quincy, Ohio	1.00	Dr. M. V. Hazen, Pa	1.00
		Dr. G. C. Porter, Ind	10.00

Dr. G. N. Whitel, Texas	2.00
Dr. H. G. Kitchen, N. J.	5.00
Dr. H. Dincin, New York	5.00
Dr. W. L. Heeve, New York	5.00
Dr. O. Rohde, New York	5.00
Dr. F. E. Elliott, New York	5.00
Dr. W. Glenn, Pa.	25.00
Dr. H. H. Helbing, Mo.	10.00
Dr. H. Stoesser, New York	2.00
Dr. A. Liva, New Jersey	5.00
Dr. H. Feld, New York	2.00
Dr. J. Bernstein, New York	2.00
Dr. H. Sleigman, New York	2.00
Dr. V. D. Vietz, Ohio	5.00
Dr. W. P. Ferguson, Cal.	1.00
Dr. C. A. Barton, Idaho	1.00
Dr. J. W. Yancey, Ark.	2.00
Dr. C. H. Hervey, Cal.	10.00
Dr. D. E. Saxton, Fla.	2.00
Dr. A. A. Duclos, Wis.	5.00
Dr. J. F. Barbrick, Mass.	10.00
Dr. V. von Unruh, New York	1.00
Dr. E. R. Blough, Pa.	5.00
Dr. F. O. Harrison, Ill.	5.00
Dr. F. E. Huffnail, Minn.	5.00
Dr. R. J. Lambert, Ill.	1.00
Dr. S. W. Harvey, Cal.	1.00
Dr. W. A. Wyman, Wyo.	10.00
Dr. O. C. Welbourne, Cal.	10.00
Dr. J. A. Munk, Cal.	10.00
Dr. W. E. Acree, Ark.	1.00
Eclectic Medical Society of New York State	50.00
Total	$517.00
May 12, Eclectic Medical Society, Iowa State	45.00
June 13, from unknown to Fathers of Eclecticism	100.00
Grand total	$662.00

The above contributions did not all come in by mail, and your Chairman of the Council was obliged to visit a few of the State societies in different States and make appeals, which he did at his own expense. In analyzing the above contributions you will find that the following States contributed as follows:

New York	$295.00
Ohio	20.50
Pennsylvania	68.00
Michigan	25.00
New Jersey	10.00
California	32.00
Indiana	22.00
Arkansas	3.00
Wyoming	10.00
Illinois	6.00
Minnesota	5.00
Massachusetts	10.00
Wisconsin	5.00
Florida	2.00
Idaho	1.00
Texas	4.50
South Dakota	15.00
Oklahoma	2.00
Connecticut	6.00
Iowa	45.00
Missouri	10.00
To the Fathers of Eclecticism, from unknown	100.00

In signing this report I wish to signify my sincere appreciation of the untiring energy and self-sacrifice of our Chairman, Dr. T. D. Adlerman. To his persistent efforts has been due the success of the call for which the society at large should as a recognition give a rising vote of thanks, which I herewith move. PROF. JOHN URI LLOYD.

The Council of Medical Education also recommends that this fund, which is only a nucleus, shall not be divided until the National has adopted certain requirements and standards for recognition of Eclectic medical colleges, and when such standards have been lived up to by colleges (Eclectic) which will apply for assistance.

T. D. ADLERMAN, M.D., *Chairman;*
PROF. JOHN URI LLOYD,
H. H. HELBING, M.D.

Referred to House of Delegates.

REPORT ON CONFERENCE WITH HOMEOPATHS.

J. K. SCUDDER, M.D., Cincinnati, Ohio.

(See June QUARTERLY, Page 377.)

Referred to House of Delegates.

REPORT OF COMMITTEE ON LEGISLATION AND ORGANIZATION.

In presenting this report the committee has attempted to ascertain the true condition of Eclecticism throughout the United States by corresponding with the members of the entire committee. Several letters have been written and if my report seems too caustic, I am personally responsible for most of the strictures cast upon the several State officers. I purpose departing from my usual custom of endeavoring to use diplomatic language and resort to the John Hay type of diplomacy, which left no room for misunderstanding, owing to the plain, blunt language employed.

Soon after their appointment I wrote them requesting any items of news that might occur in their respective states for publication, but thus far only two replies. I again wrote them in February requesting a report on the condition of their State society and of Eclecticism in general. To this request I have received but few replies and strange to say the two who replied to my first request are in this number, and, stranger yet, these two never fail to reply to a letter of inquiry. I wish we had more like them. I embody these reports in my report with comments.

Your officers have been subjected to so much unjust criticism during the past year that I purpose hewing to the line and let the chips fall where they may. We have only attempted to do our work faithfully and it has been rendered unduly difficult by reason of indifference, apathy and the strictures placed upon us.

The reports of the current year evidence the fact that State secretaries, as a rule, can not be relied upon to do organization work. Reports of the laxness of these officers come to me from many States. The detail work necessary to a secretary's office entails so much laborious work, many men absolutely refuse to do it. State societies should select a man who has a penchant for such work and then retain his services; for, believe me, that if secured, he is a rare and precious jewel. I have had inquiries from physicians requesting the name and address of the State Secretary, accompanied with the statement that they did not know there was a State society. How can a society prosper under such conditions? I care not what kind of a President a State society may have, provided they have a strong, efficient Secretary. It has always seemed to me that each State society should produce at least one man who has the good of the cause sufficiently at heart to work persistently and eternally for his society and the cause of Eclecticism in general. Personal pride ought at least stimulate him sufficiently to do his work well. I am aware it is a hard, thankless task. The difficulties of the work are due solely to the apathy of physicians and to their slip-shod methods of doing business. It is no great task to reply to a letter. Common courtesy and decency demand that much.

Referring to the States and their reports:

Alabama.—No report. No State society. I have the names of about thirty-eight Eclectics and presumed Eclectics in the State.

Alaska.—Only two names, one of them a member in good standing.

Arizona.—Three names; one a lapsed member.

Arkansas.—No report. The condition of the State society is due to the unfortunate selection of secretaries. Each year since my official connection with the National Society there has been a change and with it resulting difficulties and misunderstandings. My list shows about 190 Eclectics in the State, only 39 in good standing. Personally, I feel a storm is brewing for the Eclectics in Arkansas, and, unless a good, strong organization is effected, officered by good, reputable men, they will be swept off their feet when the flood gates open.

California.—No report. This State bid fair to be one of the strong States, but unfortunate conditions having arisen within the State which I have been unable to fathom and which has served to alienate it from the National. I do not and can not understand the conditions there. There are from 70 to 75 in good standing in this society, and about 115 that have at one time or other affiliated with it. I have a list of 340 in the State. Abundance of material with which to labor. A recent letter from Dr. Munk and the State President informs me they have rescinded their action of last year.

Canada.—Two members and seven men.

Colorado.—The State society of Colorado has been in a bad shape for many years, due to the want of a leader. There has not been an Eclectic member on the examining board since the death of Dr. Miles. This is due to the want of organization. There are about forty-two men in the State, only nine of whom belong to the National. An organization in this State could secure representation on the board.

Connecticut.—This State society was resuscitated by Dr. Adlerman last year. I have not succeeded in getting any response to my inquiries from the present secretary. Not even our old friends reply to our letters. I find eighty names in the State, good, bad and indifferent; the membership show twenty-three as belonging to the National, though not all paid to 1917.

Delaware.—There does not seem to be any Eclectics in this State.

District of Columbia.—Only four avowed Eclectics, one of whom belongs to the Association, yet they claim a separate board of examiners. Why?

Florida.—What shall we say of this state? There has surely been a tempest here. Two years ago efforts were made to reorganize a state society, with fair results. We have the names of 110 Eclectics and professed Eclectics in this state, 26 of whom belong to the state and national societies. No one is to blame for the condition of affairs in this state, more than the constituted authorities of the state. They, and they only, had the appointing power. They should know what they are doing. True, the better element of the profession are partly to blame, as they did not raise a dissenting voice. It is not sufficient to wrap our robes around us, assume a holier-than-thou attitude, point the finger of scorn, and cry, Unclean, unclean! But it is necessary to work. "Prayer without work availeth nothing." "The prayer of a righteous man availeth much." A rehabilitation has taken place in this State since this report was written.

Georgia.—Once the seat of a college, formally supported by the state,

and with 315 Eclectics in the state, shows a membership of only 38, not all in good standing, either. With the large alumni of this college scattered throughout Georgia and the South, there is no valid excuse for its demise save only lack of interest, selfishness and internal strife. In fact this is usually the cause for the failure of all our colleges. Our men who are in good circumstances must learn that no college can subsist on good wishes only. That day has passed. Money and equipment, besides brains, are needed.

Idaho.—Twenty men, three members. No state society. Scarcely worth while endeavoring to organize one, but we do wish these men would affiliate with us.

Illinois.—A large, populous state, once furnishing some of the strongest men of our Association, now torn down by reason of intrigues, personal ambitions and indifference. With more than 450 Eclectic graduates in the state, they show only 58 members, not all in good standing. I can readily understand the situation in this state. It should still have a good, strong society.

Indiana.—250, with about 58 members. This state ought to have at least 100 members.

Iowa.—115 men, 25 in state and national, with only about 13 paid up to 1917. Many of the men in this state are graduates of King, Drake and St. Louis, extinct colleges, yet among the most loyal ones are graduates of these same colleges.

Kansas.—About 200 from which to draw members, 55 with a large number of delinquents. For a good reason this society seems to have many ups and downs. A probable cause is a frequent removal of the secretary. Hard, energetic work ought to resuscitate it.

Kentucky.—70, with about 22 members. A better proportion than usual, but not what it should be. I could easily name several men whose duty it is to join both their state and national.

Louisiana.—No society. I know of only twelve men in this state, two of whom affiliate with the national society.

Maine.—But few men, only five, two of whom are members, both old men.

Maryland.—Three members in this state; one member, however, through the Illinois society.

Massachusetts.—This state has made a wonderful gain in the past year, possibly a change in the secretary. New energy, new push. About 75 men, with 57 members. This comes nearest 100 per cent. of any state.

Mexico.—We have six representatives in Mexico, none of whom are members.

Michigan.—This state has received much attention from the officers, but with little success until 1916. We hope to see a revival of interest there. To analyze the conditions would be a repetition of ancient history; 90 men, membership 26.

Minnesota.—I have the names of 29 men in this State, most of who are graduates of Bennett, only 4 members.

Mississippi.—No society. No members. Seven Eclectic Medical Institute graduates in the State; some as early as 1859, the latest 1898.

Missouri.—325 eligible men; 76 members. Most of them paid to 1917. This State, however, evidenced some gain in 1916 over previous years.

Montana.—No society. No members in good standing.

Nebraska.—Of all our States this is the one that has suffered most by reason of its secretaries, unless it may possibly be Arkansas. A change each year since I have known intimately the work of our Association. This year the Secretary has been with the troops, being a member of the National Guard; hence, the work was from sheer necessity neglected. The seat of one of our colleges, it needs and should have a strong, working, energetic society. Many of the alumni hold responsible positions; yet, like too many, they seem to have forgotten their alma mater. Possibly they are politicians. Shake hands when seeking office, but forgotten when the prize is won; 250 to draw from, a membership of 67, not all by any means in good standing. An illustration of no one who will take either time or interest to perfect an organization where it is most needed.

New Hampshire.—No society. No members save one, through the Massachusetts society. The only Eclectic graduates in this State are too long to devote any energies toward organization.

Nevada.—No society; only five Eclectics that I know of, two of whom are members.

New Jersey.—This society was resuscitated through the efforts of President Adlerman, as was Connecticut and Michigan; 36 Eclectics; 19 members, a trifle over 50 per cent.

New Mexico.—Twelve Eclectics. No State society. Three members, one of these belonging to the Texas State Society.

New York.—This State shows the best organization of any, by reason of the prompt payment of dues, and fewer delinquents, exhibiting very forcibly the advantages derived from a good organizer and State Secretary. This State has also its setbacks, but it goes merrily forward in its work. About 365 men in the State; 162 in the societies. Nearly one-half of the men in the society. A good percentage.

North Carolina.—No State society. No members. There are only four or five Eclectics in the State.

North Dakota.—No State society. There are about a half dozen Eclectics in the State, one of whom belongs to the National.

Ohio.—Whilst this society is in the best condition it has ever been it is not by any means what it should be. Containing as it does the principal school of our faith, our society ought to have at least 400 members instead of a trifle over 200. I have worked long and hard to solve the problem, but thus far without success. I would give much for a solution of the problem. Doctors are proverbially blind to their best interests. We have nominally 400 men in the State from which to draw and have a membership of 235,

193 of whom are paid to 1917. Our last meeting in May was among the best ever held, a trifle over 100 doctors in attendance. Daily clinics at the college in the mornings and section work mornings and afternoons.

Oklahoma.—This State had the misfortune to have a wandering Secretary in 1915-16. No one seemed to know where he was nor how long he would stay. If the Treasurer of the National had not come to the rescue I do not know what would have been the result. Efforts were also made to switch the society from our school into other channels; 116 eligible men, with 49 members.

Oregon.—No society; 24 men, with 4 members.

Pennsylvania.—138 eligible men; 59 members.

Rhode Island.—No society, only three representatives, one member.

South Dakota.—49 men, 19 members.

South Carolina.—Only two that I know of and one of them a member of the Ohio society.

Tennessee.—45 prospects, 13 members.

Texas.—A good society, a good Secretary, 168 prospects, 72 members.

Utah.—Seven men, two members. Still they maintain a representative on the board.

Vermont.—A nominal State society. Thirteen men, three members.

Virginia.—No society. Only three Eclectics that I know of in the State. No members.

Washington.—36 eligible men; three members and one a member through the California society.

West Virginia.—Here is a State that needs a leader and yet I do not know if one can solve the problem. Much missionary work has been done in this State, but without success. Seventy-one eligible men, all graduates of the Eclectic Medical Institute, and only eleven men belonging to the National. Something wrong here.

Wisconsin.—62 men, 10 members. Personal ambition and pique had deterrent effect on this society. They have an efficient Secretary now and I trust the society will grow. I have had two pleasant meetings with it.

Wyoming.—No society, twelve men, six members.

Seven men in foreign parts.

A total of about 4,582 Eclectic graduates and a nominal membership of about 1,300. This should be made to read at least 2,000.

We need more energy, more push and more work from our State secretaries. The National officers attempted to do the work left undone by the State officers, and to assist them in every way. Your action last year abridged this work, and has materially limited our activities.

My personal views have always been that it is better or equally as good to reclaim a delinquent as it is to add a new name.

We have abundance of work ahead. In fact, "the fields are white unto the harvest and the laborers few." Our work is not finished by any means.

Medical legislation during the past year has been voluminous. A bill

for the formation of a National Department of Health with a physician in the Cabinet has again been introduced and advocated by the American Medical Association in its recent session in New York.

In many States amendments to the Workmen's Compensation Acts have been offered and new bills for the formation of Sick and Health Insurance Acts introduced. So far as I know none has yet been enacted, but committees have been appointed by the several States to study the question and report at the coming sessions of the legislatures. I am not opposed to any legislation having for its object the uplift of man morally, physically or spiritually, but I do feel that our government is becoming too paternalistic and legislation is tending toward socialism. Legislation tends too much toward what is termed "class legislation," and often tends to benefit one class to the injury of another.

We presume this is hard to correct in a government like ours, where the politician caters more to the popular clamor rather than to equity, truth and justice.

In many States the drugless schools and Christian Science Healers have appealed for recognition. In most States it was denied, though in a few they succeeded. Notwithstanding their defeat, in most States where application was made, they arise undeterred and have given notice they will try it again. Personally, I believe they will ultimately succeed and in their success I see the defeat of or nullification of medical examination and licensure. It is certainly illegal to require different qualifications from men requesting the privilege of practicing medicine. The same qualification should be required from all.

Legislation.

During the past year bills licensing chiropraxis were introduced in the legislatures of Indiana, Iowa, South Dakota, Tennessee, Texas, Utah, West Virginia and Washington. They failed of passage in all States but Washington, in which State the governor vetoed it. In West Virginia a bill was passed providing for their licensing.

In Oregon the Osteopaths are permitted to practice minor surgery, administer anesthetics and dispense narcotics by reason of an amendment to the medical practice act.

By a ruling of the board nurses are permitted to administer anesthetics in Pennsylvania. In Maine a bill providing for a separate board of Osteopathic physicians failed of passage. Kentucky and Tennessee passed fee-splitting bills. To my way of thinking a reproach upon the honor of the profession.

North Dakota amended their regulations so as to recognize the classification of colleges adopted by the Medical Council of the American Medical Association and to recognize the findings of the self-constituted National Board of Medical Examinations. Colorado, Idaho, Iowa, Kentucky, Maryland, New Hampshire, North Carolina, North Dakota, Pennsylvania and Rhode Island now recognize this board. What a blessed thing is push and

pull. It can brush aside the prerogatives of the government and State authorities.

An additional interne year is required by Illinois and Michigan. The States now requiring the additional interne year are Pennsylvania in 1914, New Jersey 1916, Rhode Island 1917, North Dakota 1918, Michigan and Illinois 1921.

Illinois passed a consolidation bill, which grouped the various health, examining and charitable activities of the State in bureaus. It is a step toward efficiency and economy.

New York passed a eugenic bill, refused to pass the Mills bill, etc., as noted in a recent issue of the QUARTERLY.

Efforts were made to do away with the separate board system in Connecticut and Florida. With what success I have not learned.

I believe it behooves us as a school to get busy and watch legislation more closely. We have been so busy individually making money, we have paid little or no attention to those things which pertain to us as a whole. We are too willing to "let George do it." If George does, we certainly ought to assist him in his efforts. There is plenty to do, but few willing to spare the time and money to do it.

With a quotation from a recent book on "Botanic Drugs" to evidence how others view us and I am done: "Right here it is but proper to give credit to the Eclectic school, its practitioners, journalism, and pharmaceutical manufacturers, for keeping their class of remedies alive. Nevertheless, they as a school, are fast losing out in this admirable ambition, and for these reasons: They have made little advance in pathology and diagnosis; they have tied too closely to the at-one-time modern views of Scudder and King, and they have failed to advance in this day as these leaders advanced in their day; they have practically ignored the teachings of pharmacology; they lay too little stress on assay methods and physiological standardization; they have not sufficiently eliminated inert medicaments from their literature; they adhere to symptomatic and unscientific determination of dosage, which is usually inadequate; they have laid too little emphasis upon drugs of inorganic origin, such as mercury, iodine, etc., and they have allowed the dominant school to do most of the advanced work with the more prominent and potent remedies, instead of doing it themselves. To sum it up: They stand, as a school practically where they did forty years ago. I reach these conclusions regretfully from an extensive reading of their literature and a large clinical experience with their remedies. But many of their original contentions are correct, else they had died out years ago: and their pharmaceutical manufacturers have consistently maintained high standards." With this extract I had intended closing and will with but a few comments and leave it to you for digestion.

First, this criticism is written by an educated member of the dominant school, unable to see or note the advance in our methods and teachings, which can be obtained only first hand. My intimacy with Eclectic school methods and teachings exhibit to me a wonderful advance, of which I only

wish I had the advantage when a student. No one can prescribe according to Eclectic methods unless he knows pathology and is a *good* diagnostician. Diagnosis is essential to specific medication.

We have advanced upon the methods of Scudder and King, especially the latter, in our selection and prescribing. This is evident to any one reading King's writings, or to one who has been privileged to sit under him as a pupil, as was the privilege of the writer. The fact that the principles of medication as laid down by these writers is still in vogue and growing is but an evidence of the correctness of their teachings. This can not be said of any method of therapeutics advanced by the dominant school.

We have excluded inert products. Each practitioner is a rule unto himself and does not blindly follow so-called authority. We have no rule of dosage. A knowledge of the action of a drug and the action desired from it determines the dosage. We do prescribe symptomatically, as every true physician must, and do not seek to name a disease and apply the remedy, but apply the remedy to alleviate conditions presenting themselves, no matter what the nosological name. This is the fundamental principle of both Homeopathy and Eclecticism.

We do use and advocate inorganic remedies, but do not blindly follow the dictum of manufacturing chemists and makers of patented proprietaries. The dominant school have only studied our remedies in the laboratory for the purpose of condemnation. The rank and file of the profession use them and endeavor to use them in accordance with our teaching. The fact that pharmaceutical manufacturers have consistently maintained high standards and are enabled to do so is another proof of their worth and popularity, else they, too, would be fast losing out, instead of steadily growing more numerous and richer.

The committee appointed in the matter of the eligibility of the Kansas City College (Dr. E. G. Sharp, Chairman), reported that this matter would take some time and asked the convention to refer it to the House of Delegates. At the suggestion of Dr. Best this committee was asked to meet with the House of Delegates and take up this matter further.

SECTION ON PEDIATRICS.

"Poliomyelitis—Its Etiology, Symptoms and Treatment," Dr. T. D. Adlerman, Brooklyn, N. Y.

Discussed by Dr. William P. Best, Indianapolis, Ind.; Dr. W. N. Mundy, Forest, O.; Dr. W. E. Daniels, Madison, South Dakota; Dr. L. E. Russell, Springfield, O.; Dr. R. L. Thomas, Cincinnati, O., and Dr. H. A. Shafor, Detroit, Mich.

SECTION ON SURGERY.

"Foreign Body in Larynx Seven Months," Dr. H. H. Helbing, St. Louis, Mo.

Wednesday Morning Session.

A violin solo by Mrs. Harvill Hite opened the Wednesday morning session, the regular program beginning at 9:45.

The President first appointed two members to fill vacancies in the Auditing Committee, as follows: H. A. Shafor, M.D., Detroit, Mich.; R. M. Howard, Ft. Lauderdale, Fla.

The President also appointed to fill a vacancy in the Credentials Committee Dr. W. W. Maple, Des Moines, Iowa.

Dr. R. J. Lambert, St. Charles, Ill., presented the following resolution:

Resolved, That all members attending this convention shall register on a special register and give the departments or sections in which they are most interested, giving them in the order of importance to them.

Moved by Dr. Stephens that the resolution be referred to the House of Delegates. Motion seconded and carried.

Dr. R. L. Thomas, Cincinnati, presented the following resolution:

Whereas, It is generally recognized that alcohol, as a beverage, is harmful to the human economy, and

Whereas, It has no therapeutic value as a stimulant, tonic or food value, and

Whereas, Alcohol impairs the metabolic processes of the body and interferes with the finer sensibilities of the nervous system; therefore, be it

Resolved, That the National Eclectic Medical Association opposes the use of alcohol as a beverage.

Resolved, That alcohol be used only in the preparation and preservation of therapeutic products and for scientific purposes.

Moved by Dr. E. G. Sharp that the resolution be referred to the House of Delegates. Motion seconded and carried.

Dr. B. E. Dawson, Kansas City, Mo., presented resolution as follows:

Whereas, Our schools have been inspected and graded by a self-constituted authority from the American Medical Association, giving us cause to believe the inspection was tinctured with malice and the grade unjust, and

Whereas, We have men of our own faith who are capable and willing to perform these functions, therefore, be it

Resolved, That this Association elect a committee of three, one to serve one year, one to serve two years, and one to serve three years, their successors to be elected to serve three years. Said committee to visit our colleges as often as necessary, inspect, advise and grade these colleges. And be it further

Resolved, That no graduate of any medical college now in existence, nor anyone affiliated with any one of the medical colleges now existing, shall be eligible to serve on this committee.

Moved and seconded that it be referred to the House of Delegates. Motion passed.

Dr. F. L. Wilmeth (Lincoln, Neb.): I move that a committee of three be appointed from this body to draft a resolution and request to the governor of South Dakota asking him to reappoint Dr. W. E. Daniels on the Board of Medical Examiners, this telegram to be sent today.

Motion seconded by Dr. B. E. Dawson and carried. The Chair appointed as this committee, Drs. W. W. Maple, R. J. Lambert and L. E. Russell.

SECTION ON PRACTICE.

"Then and Now," B. E. Dawson, M.D., Kansas City, Mo. Discussed by Dr. W. E. Daniels, Madison, South Dakota.

"Abdominal Adhesions and Their Prevention Following Laparotomy," J. F. Cave, M.D., Kansas City, Mo. Discussed by H. H. Helbing, M.D., St. Louis, Mo.; E. G. Sharp, M.D., Guthrie, Okla.; B. E. Dawson, M.D., Kansas City, Mo.

SECTION ON MENTAL AND NERVOUS DISEASES.

"Crime in Relation to Insanity; Insanity in Relation to Crime; Insanity and Crime in Relation to the Future of the United States," T. D. Adlerman, M.D., Brooklyn, N. Y. Discussed by J. C. Mitchell, M.D., Louisville, Ky.; B. E. Dawson, M.D., Kansas City, Mo.; W. E. Daniels, M.D., Madison, South Dakota; George C. Porter, M.D., Linton, Ind.

Wednesday Evening Session.

The Section of Therapeutics was taken up at the Wednesday evening session. Prof. John Uri Lloyd, of Cincinnati, gave a talk with lantern slides on "Certain Phases of Colloidal Phenomena," after which he gave a short talk on "Colloidal Chemistry."

"Vegetable or Natural Medicines as Compared With Chemical or Artificial Medicines," William M. Gregory, M.D., Berea, O.

Adjournment until Thursday morning.

Thursday Morning Session.

The Thursday morning session was called to order at 9:10 by the President, the first part of the session being a business session. The President called for reports from the House of Delegates, and Dr. H. C. Shafor read his report.

To the Chaiman of the House of Delegates of the National Eclectic Medical Association:

Your committee herewith returns to you the report of the Council of Medical Education submitted to them for consideration, and recommends that it be approved as read before the general body with the following recommendations:

It appears that the activity of this committee was only continued over

a period of four months, owing to the fact that at the time the committee was appointed there was no provision made for defraying expenses of same; therefore, we recommend that the Treasurer be authorized to pay on a warrant drawn by the President and Secretary an amount not to exceed $100 annually to defray expense of soliciting through correspondence with members and friends of the Eclectic school this fund for aid of existing medical colleges. We would further recommend that this fund be kept intact until such time as the National society has adopted certain requirements and standards for recognition of Eclectic medical colleges and when such standards have been attained by said colleges, which will apply for assistance.

H. A. Shafor, M.D.,
T. D. Hollingsworth, M.D.,
E. H. Stevenson, M.D.

Moved by Dr. Lambert that the report be accepted. Motion seconded and carried.

Dr. Adlerman read a report on Dr. Mundy's organization report.

1. We, your committee, recommend that the National Association should have the right to request that State officers of any State Eclectic society to select a more active man, in case that State secretary of any State proves to be inactive to such a degree as to fail to perform the necessary duties pertaining to his office.

3. We also recommend that National officers or any appointed representatives be authorized to go into States where there are enough Eclectics, but no organization, and perfect a State society.

3. This committee also wishes to call attention to the efficient work and excellent report which has been submitted to the Association by the Chairman of the Committee on Organization.

(Signed) T. D. Adlerman, M.D., *Chairman;*
H. H. Helbing, M.D.,
R. J. Lambert, M.D.

Moved by Dr. Thomas that the report be accepted. Motion seconded and carried.

Dr. E. G. Sharp read the report on the conference with the Homeopaths:

Whereas, The Committee on Conference with the Homeopaths report that at their joint meeting the following resolution was adopted:

Resolved, That we recommend to our National bodies that they take proper measures to induce our present board members of our respective schools to become members of their State and National bodies and in the future to use every means to secure the appointment only of those in active affiliation with the State and National societies to membership on the State boards; and

Whereas, This matter has been referred to the House of Delegates for their consideration, therefore,

Resolved, That it is the sense of this Association that it is the duty of all Eclectic members of State boards to be and continue members in good standing in their State and National Eclectic Medical Associations and that we recommend this as one of the essential qualifications for appointment of Eclectic physicians to such positions.

Submitted to House of Delegates 7:30 P.M., June 20, 1917, and on motion adopted as report of the committee.

E. G. Sharp, M.D., *Committee.*

Moved by Dr. Stephens that the report be accepted. Motion seconded and carried.

Dr. J. K. Scudder read a report in regard to the Kansas City College.

In the matter of the recognition of Kansas City Eclectic Medical University, it was resolved that the question be referred back to the Association with the suggestion that a committee of five, to include the President, be appointed to investigate both colleges in Kansas City and report at the next annual convention.

Moved by Dr. Stoesser that the report be accepted as read. Motion seconded.

Dr. B. E. Dawson (Kansas City, Mo.): Charges have been made against the school. These charges go out and there has been no chance for any defense, and if they stand for one year it leaves our college in bad shape, and I think we should have a chance to make a statement. I feel we have been mistreated and that we have not been given a chance to make a defense. We have been hit by a submarine and there ought to be a chance to keep the ship from sinking.

A vote being taken on the motion it could not be determined. Therefore, a standing vote was taken, which resulted in 23 in favor of the motion, and 9 against. Motion carried.

Dr. E. G. Sharp (Guthrie, Okla.): I want to serve notice here that I will call the attention of the House of Delegates to the fact that our expenses have been materially increased for the last three years and that our income has not been increased proportionately, with the result that where three years ago we had about $2,000 in the treasury, two years ago considerably less, one year considerably less, and this year, while we are still on safe ground and have over $1,000 in the treasury, we have less than we had in any one of the three preceding years. I intend to call the attention of the House of Delegates to that, but respectfully call your attention to it so that it may be referred to the House of Delegates.

Report by Dr. Lambert on the resolution in regard to registering:

We recommend the adoption as read.

B. J. Lambert, M.D.,
W. D. Glenn, M.D.,

Moved by Dr. Stoesser that this be adopted. Motion seconded and carried.

The President: The official year closed June 1. This year many so-

cieties held their sessions in May and some in June, consequently their report is not in and the report now shows less, but there are a number of societies still to report.

Dr. H. H. Helbing: I would like to ask if this will not take away from next year's report?

The President: Not necessarily, if they hold their sessions in April.

Dr. H. H. Helbing: Would it not be well to introduce an amendment to raise the dues to $5.00, with payment of $3.00 to the National?

Dr. Sharp: We have nothing like that in mind. I think retrenchment is the proper thing. I simply called your attention to this, as I will take it before the House of Delegates and it will come back to this body.

Dr. J. C. Mitchell then introduced a resolution in regard to military service. Referred to House of Delegates.

Resolution by Dr. J. C. Mitchell, Kentucky:

Whereas, Our country is at present engaged in the world-wide war, where the friends of democracy are arrayed against a powerful autocracy, and

Whereas, The nation needs the help and assistance of the medical men of America; therefore,

Be It Resolved, That the members of the National Eclectic Medical Association, assembled in convention in Nashville, offer our aid and sympathy and services to our President in this conflict.

J. C. Mitchell, M.D.

SECTION ON THERAPEUTICS.

"Prophylaxis of Tuberculosis," E. G. Sharp, M.D., Guthrie, Okla.; "Organization for Tuberculosis Prevention," J. Paul Harvill, M.D., Nashville, Tenn.; "Individual Prophylaxis," J. W. Pruett, M.D., St. Louis, Mo. Discussion by W. N. Mundy, M.D., Forest, O.

"Treatment by Internal Medicine: Chemical Products," J. C. Mitchell, M.D., Louisville. Discussion by R. N. Howard, M.D., Ft. Lauderdale, Fla.; E. G. Sharpe, M.D., Guthrie, Okla.

"Treatment by Hypodermic Intermuscular and Intravenous Chemical Products," H. H. Helbing, M.D., St. Louis, Mo. Discussion by R. J. Lambert, M.D., St. Charles, Ill.

"Treatment by Thereapeutic Measures; Sanitorium and Special Treatment," Z. L. Baldwin, M.D., Kalamazoo, Mich. Discussion by T. D. Hollingsworth, M.D., Akron, O.; J. B. Matthews, M.D., Springfield, Ill.; J. Scudder Hull, MD.., Hicksville, O.

"Tuberculosis—Climatic Treatment," R. N. Howard, M.D., Ft. Lauderdale, Fla.

Adjournment to Thursday afternoon.

Thursday Afternoon Session.

Called to order at 1:30 by the President. The Section on Therapeutics was continued, the first paper being that of Dr. W. N. Mundy, on the

"Prophylaxis of Pneumonia." Discussion by R. L. Thomas, M.D., Cincinnati, O.; F. L. Wilmeth, M.D., Lincoln, Neb.; Ivadell Rogers, M.D., Lawrence, Tenn.; R. J. Lambert, M.D., St. Charles, Ill.

"Tuberculosis—Treatment by Internal Medication," Ivadell Rogers, M.D., Lawrence, Tenn. Discussion by William P. Best, M.D., Indianapolis, Ind.; R. J. Lambert, M.D., St. Charles, Ill.; R. L. Thomas, M.D., Cincinnati, Ohio.

SECTION ON SURGERY.

"Hemorrhoids or Prolapsus," B. E. Dawson," M.D., Kansas City, Mo. Discussion by R. L. Thomas, M.D., Cincinnati, O.; W. E. Daniels, M.D., Madison, South Dakota; J. Scudder Hull, M.D., Hicksville, O.; R. J. Lambert, M.D., St. Charles, Ill.

"Comparative Value of Surgical and X-ray Treatment of Malignancies," E. G. Sharp, M.D., Guthrie, Okla. Discussion by W. N. Mundy, M.D., Forest, O.; H. H. Helbing, M.D., St. Louis, Mo.; J. F. Cave, M.D., Kansas City, Mo.

REGULAR SESSION.

Following the Thursday afternoon meeting of the House of Delegates the convention met in regular session.

Report on Dr. J. C. Mitchell's resolution. Moved that this be adopted. Seconded and carried.

Report on Dr. Lambert's resolution of thanks:

Resolved, That this convention wishes to express its appreciation and thank Dr. J. P. Harvill and the State society, with his efficient committee and the citizens of Nashville, for the splendid entertainment and reception we have had while in Nashville. Also to express our thanks to The Hermitage Hotel and newspapers for their very kind treatment.

Moved that these be adopted. Seconded and carried.

Report on amendment to Constitution:

Dr. Adlerman moved that Article 6 of Constitution be amended. Section (4) is herewith expurged and in view thereof the following is submitted:

"No officer of the National Eclectic Medical Association shall receive any money for expenses in traveling to and from the National meetings." And asked that unanimous consent for its passage be granted.

Moved by Dr. Stevenson that this be adopted. Seconded and carried.

Report on the report of the Editor of the QUARTERLY:

We, as a committee, approve of the recommendation of the Editor and accept the report, and commend him for the creditable work he accomplished. We suggest that all members try to secure advertising for the Association's publication so as to help defray expenses in helping to make the publication a better and stronger, and a bi-monthly periodical.

Respectfully submitted,

G. A. MUNCH, M.D.,
JOHN H. RINEHART, M.D.,
D. GRIFFITH, M.D.

Moved by Dr. Stevenson that this be adopted. Seconded and carried.
Dr. E. G. Sharp reported as follows:

Relative to your resolution on appointment of committee to inspect colleges, etc., we, your committee, recommend that these resolutons be not adopted.

E. G. SHARP, M.D.,
T. D. ADLERMAN, M.D.,
H. GRIFFITH, M.D.,

Report on election of officers and place of meeting:

President.—W. P. Best, M.D., Indianapolis.
First Vice President.—M. M. Harvill, M.D., Nashville.
Second Vice President.—J. H. Rinehart, M.D., Quinter, Kan.
Third Vice President.—G. A. Munch, M.D., Tampa, Fla.
Recording Secretary.—H. H. Helbing, M.D., St. Louis, Mo.
Corresponding Secretary.—W. N. Mundy, M.D., Forest, O.
Treasurer.—E. G. Sharp, M.D., Guthrie, Okla.
Council on Medical Education.—O. S. Coffin, M.D., T. D. Adlerman, M.D., W. E. Daniel, M.D.

One hundred dollars to be allowed to Corresponding Secretary; $100 to be allowed to Recording Secretary for stenographer's services.

Next meeting, Detroit, Mich., 1918.

Moved by Dr. Mitchell that this be adopted. Seconded and carried.
Report of Auditing Committee:

Editor of the QUARTERLY—

Receipts	$1,481.39
Disbursements	1,347.46
Balance	133.93

On the report of February 21, 1917, from the Business Manager to the Editor, we find an error in subtraction of $10, which should be corrected on next year's report.

J. C. MITCHELL, M.D., *Chairman;*
R. E. HOWARD, M.D.,
H. A. SHAFOR, M.D.

Treasurer's Books—

Balance	$1,350.79
Receipts	2,006.47
Total	3,357.26
Disbursements	2,199.76
Balance	1,157.50

J. C. MITCHELL, M.D., *Chairman;*
R. E. HOWARD, M.D.,
H. A. SHAFOR, M.D.

Moved by Dr. J. C. Mitchell; seconded and carried that this be adopted.

Report of Finance Committee:

Moved that the bills be allowed. Seconded and carried.

REPORT OF CREDENTIAL COMMITTEE.

Application for Membership—1917.

Alabama.—Crow, J. S., Danville.

Arkansas.—Heffington, C. F., Havana; Holbrook, J. D., Formosa; Hutchinson, E. L., Grady; Curry, J. B., Austin; Laudren, F. W., Driggs.

Colorado.—Dungan, J. A.

Florida.—Hague, J. A., Alton; Lattin, C. A., Hastings; Lowrey, C. F., Ponce De Leon; Munch, C. A., Tampa; McDonald, John A., Century.

Idaho.—Herrington, J. J., Gifford.

Illinois.—Graves, N. A., Schussler, W. R., Orlando.

Indiana.—Gage, J. W.

Iowa.—Fillian, E. B., renewal.

Kansas.—Brinkley, J. R., Fulton; Griffith, I. K., Kanopolis; King, J. P., Pittsburg; Patterson, B. J., Pratt. Williams, Zona Z., Kansas City; Clark, Thomas F., Milum.

Kentucky.—McKinley, A. F., Elkton; Burrow, R. E., Cunningham; DuVall, W. N., Sebree.

Massachusetts.—Byrne, W. R., Boston; Mack, F. A.

Michigan.—Wagar, Floyd G., Wolverine.

Mississippi.—Porter, M., Water Valley.

Missouri.—Harris, Pearl Q., St. Louis; Hunt, Thomas G., Salem; Nehl, Chas. W., St. Louis; Son, G. W., Des Loge; Feller, C. E., Lohman.

Nebraska.—Culver, E. J., Friend; Rizk, J. J., Waverly; Swartwood, F. M., Lincoln.

New York.—Baker, C. E., Marietta; Crane, John M., Addison; Dawley, Lewis B., Westtown; DeVoe, John T., Scottsburg; Grantier, W. W., Buffalo; Hargst, George W., St. James, L. I.; Redmond, Edwin T., New York; Skou, Max H., Bellemore, L. I.

Ohio.—Miller, Lawrence D., Toledo; Nunnamaker, A. J., Cincinnati; Snell, A. F., Cincinnati; Strosnider, J. N., Houston, R. F. D.; Thiel, J. N., Cincinnati; Bechtel, Ray H., Dayton; Nellans, A. J., Cincinnati; King, Dwight J., Findlay; McKinney, B. E., Mowrystown; Hern, G. E., West Liberty; Walker, M. E., Cincinnati; Englerth, B. L., Anna; Gregory, William M., Berea; J. L. Payne, M.D., Cincinnati.

Oklahoma.—Goad, S. L., Coalgate; Hanna, R. G., Prague; Milligan, E. T., Geary; Norvall, John P., Oklahoma City; Young, A. H., Jennings; Fowler, S. E., Tulsa; Kimball, Melvin, Clinton.

Pennsylvania.—Bealor, B. A., Shamokin; Bowman, J. T., Somerset; Hatch, Harry, Centerville; Hazen, C. M., Titusville; Livingston, W. M., Dunlo, renewal; Glenn, W. D., Jr., State College, Kemball, N. C.

South Dakota.—Culberson, George H., Canton; Goldman, E. W., Madison.

Tennessee.—J. I. Allison, Bloomington Springs; R. O. Williams, Humboldt; W. W. Tucker, Lafayette.

Texas.—Hinkle, J. J., Belfalla; Payne, E., Cross Plains.

Washington.—Benton, Alice A., Pullman.

West Virginia.—Backus, S. G., South Charleston; Cutright, D. M., Buckhannon; Daugherty, L. E., Thomas; Musick, Rufus W., Gilbert.

Wyoming.—Brooks, Isaac W., Pine Bluffs; Smith, J., Glen Rock.

Installation of Officers.

Dr. William P. Best (President-elect). Ladies and Gentlemen: For ten years I have had the pleasure of being your clerical officer. This has, indeed, in nearly all particulars been a pleasure. It is a work that I have enjoyed. The acquaintance with the doctors that this position afforded me was well worth all of the time and effort I have put into this work. I do not attempt at this time to express to you how much I may feel in the way of gratitude for this continuance of your favor. I well realize the fact, as our retiring President can confirm, that you have asked me to take on additional duties, somewhat of similar type, but yet perhaps greater in character. If I can succeed in carrying forward the year's work with your approval and approbation I certainly shall feel well repaid not only for the efforts of the coming year, but also for those of the years gone by. I thank you.

Dr. H. H. Helbing (Secretary-elect): Ladies and Gentlemen: I realize that the officers have a great load on their shoulders, and I am so glad that you have put officers back who have been in the harness, and who know the method of operating the machine, and I hope as time goes on that I may be a real help in your work, and be able to carry it out according to the high standard that Dr. Best has set. I realize that he has set a very high standard, and for that reason I approach the office with a great deal of fear and trembling. I hope the officers will appreciate that I need their help, and also that I need the help of every member of the Association. We all can assist in this work; the high privates can even give us lessons in conduct of the work. I hope we may all work together for the good of the cause. I thank you for the honor.

Dr. W. N. Mundy: I do not know what to say. I am somewhat at a loss today to express my feelings, but I am glad that you are satisfied with my work, for I have certainly enjoyed it—being brought in contact with you—and I rely upon you to assist me in making the Quarterly a success. I have dreamed of the time—possibly it will be all a dream—when the Quarterly will be a monthly. I feel that once in every three months does not bring me in contact with the members of the Association often enough. The notices that I gather looking over the journals for the purpose of my editorials and news items by the time they reach you are frequently stale. I hope the time will soon come when the conditions of our country will be so adjusted that we can make our Quarterly a monthly. I do not believe the time is opportune even now to make it a bi-monthly with the increased cost of paper and materials. I see that the government last week called the paper trust to a halt, so far as furnishing paper for the Government Printing Bureau is concerned, and reduced it two-thirds in price. Whether that will redound to the benefit of the individual, I do not know, but I hope that by the time we meet in Detroit that we may come with renewed interest, and with a determination to go forward in that which I believe is the only practical system of medicine.

Dr. E. G. Sharp: I stand before you as Treasurer-elect for the tenth time. It is not my work, it is yours, but I must say that I appreciate the confidence you have shown in me by re-electing me as Treasurer of this body for the tenth consecutive time. I appreciate also the association with the notable men that have constituted our official board during the past ten years. I assure you that in the future, as in the past, I will conscientiously look after the funds of this Association to the best of my ability. I thank you.

Dr. W. E. Daniels: Before surrendering this gavel I want to ask you not to let the Chairman write to you a half dozen times before you answer. If you want this organization to be a success you must do your part; so do not expect the officers to do it all. I have enjoyed my work this past year. It has been somewhat uphill, as I was not an expert in the work, but I have enjoyed it. I want to assure Dr. Best that if I can be of any use to him he will not find me wanting.

Dr. William P. Best: I wish to assure our retiring President that I thank him for his tender of service, and I also wish to assure him as Secretary of his State society, as well as other fraternities, that I shall make it a point to co-operate with him and with all others, and I wish in the year to come to enlist the co-operation of the officials of every State society. I also wish to enlist the co-operation of every individual, and I shall make it my pleasure, as well as my duty, to endeavor to arouse such a co-operation that our cause will stand and not be ashamed.

Final adjournment.

PRESIDENT'S ADDRESS.

W. E. Daniels, M.D., Madison, South Dakota.

It has been a time-honored custom of this Association that at its annual meeting the President shall deliver an address. Usually in these addresses they have gone over the history of medicine, told us of the history of Eclecticism and its past glory; they have painted in glowing colors the great future of our school; they have given advice, good, bad or indifferent, as the case may be.

I shall change the custom somewhat today, and instead of reading to you from a manuscript, what little I have to say will come from my heart. It is not my intention to preach a sermon to you. I would not if I could, and could not if I would; but my central thoughts today you will find in the writing of one of the greatest men that the world has ever produced, and my first thought is "none of us live to ourselves and none of us die to ourselves." The second thought is, "That the things which are seen are temporal; the things which are unseen are eternal."

This great man was born in the city of Tarsus, of Jewish parentage, a Pharisee of the Pharisees. He was educated in the great university of that city and had the honor of belonging to the greatest ecclesiastical or-

ganization of the Jewish nation, the Sanhedrin. From this ecclesiastical organization he obtained letters, and with those letters he started out over the Judean hills, across the River Jordan, over into Syria, and while on these plains, at bright noon-day, there was an unseen thing which came into life—he was no longer Saul of Tarsus, but Paul, the great apostle to the Gentiles. From that day until his death his entire life changed. He could look down the vista of time; he could see the old university fade away; the city of Tarsus would mold back to Mother Earth; the Jewish nation would be scattered to the four winds, and the Sanhedrin would be but a memory of the past; but that unseen thing which came into his life on the Damascus Plains would live throughout time and eternity.

For the next few moments I want to call your attention to the first thought, that "none of us live to ourselves and none of us die to ourselves." If you will follow me closely all the way through you will find that the two subjects that I have chosen are so closely dove-tailed together that it is almost impossible to separate them. But following out the first line of thought, I want to call your attention to a certain class of people which we too frequently meet. Sometime ago I approached a prominent Eclectic physician. I asked him to contribute to the Council of Medical Education; I asked him to unite with his State society and our National Association. His reply was something like this: "I am under no obligation to my State society, nor to your National Association. I owe no college anything; I am a self-made man." Now let us analyze this self-made man. I would say that he is just the kind of a fellow he would make, providing he had the making of an individual. This self-made man came into the world, not by his own volition; he had nothing to say, how, when, where or to whom he should be born, and when he came into the world he was one of the most helpless creatures in God's creation. Now, it became necessary for him, if he was to exist, to call on some unit of society and that unit of society was his immediate family—his father and mother. Mother cared for him in the early part of his infancy; father worked in sunshine and shower in order to furnish the necessities of life to this self-made man! Then, when he became ill it was necessary for them to call in a skilled physician—another unit of society. Time passed on and he arrives at the age of six or seven, and he started to the public school, to teach himself? No, but to be taught by others; then you can see it was necessary to draw on another unit of society—the common school. Then comes his college days; does he go to school to teach himself? No, the skilled teacher or professor is called on and another unit of society is added to this self-made man. Then, when his college days are over, he locates in some village or city. He announces to the public that he is a learned and skilled physician, thereby bidding for their patronage. He then asks another unit of society to contribute to his welfare. He reads medical books and journals; but who is it that sits up nights and burns the midnight oil and delves into the mysteries of science that that self-made man may have something to read? I think you will agree with me that when you analyze the situation he is not a self-made

man; that there are many units of society that have contributed to his welfare up to this period in his life. Then, if society has contributed to the making of this individual, society has a right to dictate to this self-made man what he shall and shall not do, and we pass laws telling him that he can or can not do certain things. Now, if society has helped to make this individual, society has a perfect right to demand of this individual something in return, and any individual who has received something which comes from society and fails to contribute to society his or her share, the same becomes a very undesirable and selfish individual. He has not learned the first principle of brotherly love. It is not necessary for me to carry this illustration further, because I think you have a vision and catch the idea of that saying: "No man lives to himself and no man dies to himself."

Now, I want to take up the other line of thought for a few moments, "The things which are seen are temporal, but the things which are unseen are eternal." I had a letter from a very prominent physician some time ago and his letter read something like this: "Dear Doc—When and where will the State Society be held? I want to attend this year; I want to have a long talk with you; I think we have accomplished that for which we were created and I think we may as well disband; the regulars have taken our materia medica, and there is nothing left for us to do." I need not give you my answer or reply to that letter, for I think you will get the gist of it in the next few minutes. I understand perfectly the chaotic condition of the medical profession seventy-five or a hundred years ago. I know that the poor, unfortunate tubercular was asked to bare his or her arm; I know the lancet was freely applied and the life blood taken from the poor victims. If that was not sufficient they were blistered and purged and salivated until death came to their relief. It was then, out of sheer necessity, that the great truth of Eclecticism was born. And how rapidly it spread! Colleges sprang up in all of our large cities, and they were soon filled to their capacity. We compelled the regular profession to change their barbarous way of treating their poor unfortunates; but because we have compelled them to change or modify their treatment, perhaps one-fourth of the regular profession today are using specific medicine; yet is there nothing for us to do? Have we accomplished that all for which we were created?

Let us see if there is nothing for us to do. Sanitation has lessened the mortality rates in all acute diseases without exception; but has utterly failed in chronic diseases. Chronic maladies and degenerations of all sorts have increased, not slowly, but at an alarming rate. In the past ten years heart diseases have increased 50 per cent.; arteriosclerosis has increased in twelve years 250 per cent., and, according to the Census Bureau, four times as many people die from diseases of the blood vessels as they did thirty years ago. The increase of Bright's and other kidney diseases in thirty years has increased 50 per cent.; and when we consider that there are 350,000 people in the United States every year who die from chronic diseases, and that more than half are preventable and curable, would you tell me then

that there is nothing for us to do? And when I tell you that there are 500,000 children before the age of five who die from preventable and curable diseases, would you then say that we should sit down and rest on our past glory, for there is nothing more for us to do? I need not refer to the mental degenerates who are so rapidly increasing. A few days ago I read that a prominent neurologist said that unless we had proper eugenic laws placed on our statute books, in less than two centuries there would be one mental degenerate out of every nine. "Oh," but some of you say, "it is so slow; it takes us so long to accomplish anything." Yes, I will agree with you that it is very slow, but are you not aware that many of the very best things in life are slow to be discovered or to be solved? Are you aware that it took us two thousand years to discover on which end of the needle to put the eye; but when we did make that discovery the sewing machine was invented, and we solved the mystery of making garments for the multitudes; but would you say that, because we solved that question, that we should not have anything to say regarding the sweat shops and child labor that these sewing machines have created?

Jesus Christ came into the world two thousand years ago and yet there are many of us that have never learned the Golden Rule or the eleventh commandment, which is "Love thy neighbor as thyself." We are so often confined to that which we see; to that which is tangible; that we do not catch the great and broader visions; the unseen things we do not comprehend. Let me refer you to one or two things which tend to show how short-sighted we are. Even our great men, whom we love to honor, they often only catch sight of that which is tangible. When we completed the Louisiana Purchase our President delegated two of our great men to cross the Rocky Mountains and explore that great unknown country known today as Washington, Oregon and California. They crossed the mountains, went through the wilds of these countries and got a vision of the unseen thing the future would bring forth; they hastened back and asked that Congress appropriate a small amount of money so that we would be able to maintain a garrison on that Western coast. Daniel Webster, a man whom we love to honor, a man with one of the finest brains that the world has ever produced, was then a member of that august body. Daniel Webster said: "Gentlemen of Congress, I do not believe that that country is worth anything to us. It is only fit for wild animals and Indians, and so far as I am concerned, I will never consent to a single cent of appropriation to retain that great coast country. It would take us six months to get in communication and more than a year to transport men and ammunition of war to that far-off country." Daniel Webster, even with his great mind, could not catch a vision of the great unseen possibilities. In less than a score of years the telegraph had been perfected and instead of taking us six months to communicate with that country, it would take less than six minutes. When the steam engine was perfected and we united the Atlantic with the Pacific with bands of steel, we solved the question of transportation and instead of taking a year to transport, it would scarcely take us a week.

Webster was mistaken, because he judged by the things that are seen, but failed to judge by the things that are unseen.

Another example in our American history, back in 1620, human slavery was introduced in this country; the North discovered that it was not a paying proposition, the South found that it was. The North began to legislate to restrict the spread of slavery and legislated from 1620 to 1860; but it accomplished little or nothing. Then came the noise of battle; the boys in the Southland donned their gray and shouldered their muskets and faced toward the North; the boys in the Northland donned their blue and shouldered their muskets and marched away to the South. Five long years was this fair land of ours bathed in human blood; then came Appomatox Courthouse. The boys in gray extended their hands over the bloody chasm and the boys in blue were eager to grasp them, and then they said in unison, "We are brothers from this on; we are one people, one nation, and have one flag." They solved in five years what the government had been unable to solve in two hundred and thirty. This does not mean that when they solved the question of slavery that these people should sit down and idly rest on the laurels they had won. No, when they solved the question of slavery they created another, and that question is just as important to solve as perhaps the former, and one of these questions is the race question; but that it will be solved and solved in God's own good time and to the satisfaction of all, there is no doubt. When human slavery was introduced we could only see the visible part; but the unseen consequences of it we were unable to discern.

I was in the old city of New York at one time, and a friend of mine said to me: "I want you to see something of importance in the old city." He told me to go down to the Brooklyn Bridge, and over to Wall Street and see the place where Washington took his first oath of office; then to Trinity Church and to the Cemetery, and one of the first things I saw there was the grave of Alexander Hamilton, and when I looked at the tomb stone I said: "How long since this great man passed away?" In the years to come the name of Alexander Hamilton will have faded from history; the monument that marks his grave will have long since molded back to Mother Earth, but the great financial principle promulgated by that great mind and that saved to us the United States and which has been incorporated in the financial system of every nation, that unseen spirit will live on and on throughout eternity. "The things which are seen are temporal, but the things which are unseen are eternal."

I stood in the old city of Bethlehem one day; I was in the Church of the Nativity, and went down in the grotto, and there was a bright silver star, and under that star is a Latin inscription, which when translated reads: "Here was born Jesus Christ, the son of Mary," and I said to myself: "Surely this will live through all time;" but when I looked about me I noticed that its masonry had been repaired; there were creases in the wall, and I said to myself: "No, this will not last." The old Church of the Nativity will soon be a thing of the past; the grotto will have been forgotten; yes, the very hill on which Bethlehem stands will be leveled off; but that unseen spirit

of Jesus Christ will live on and on throughout all eternity, for "the things which are seen are temporal, but the things which are unseen are eternal."

I stood in the little island of Rhoda one day, and as I gazed into the mighty Nile my guide called my attention to the little bay and he said that here it was the little cradle floated among the bullrushes four thousand or more years ago, and I asked myself the question again, "What has become of the princess?" Long since has her name been forgotten. What has become of the mighty Pharoahs? They have long since faded from the earth and some of them are now lying in a mummified condition in the museum at Cairo. What has become of the mighty mansions that housed these individuals? Long since have they crumbled back to Mother Earth. They will soon fade from history, and what of that great man, Moses? "No man knows his sepulcher and no man placed him there; but the angel of God upturned the sod and laid the dead man there." Oh, but what of the great principles promulgated from Mt. Sinai? Never has there been or never will there be a greater code of ethics than that given in the Ten Commandments. All over the civilized world where nations have made laws to govern themselves have there been incorporated in these laws some of the principles promulgated from Mt. Sinai and given by Moses to the world. "The things that are seen are temporal, but the things that are unseen are eternal." You say: "Is there nothing that man can build that is eternal?" I say, "No, no."

I stood in the great Sahara Desert one day and I looked at that mighty structure, Cheops. "Surely that will stand as it has stood there these six thousand years;" but when I went close to it I could see that the masonry was beginning to separate; little cracks and crevices could be seen in the stone; the sands of the desert were gradually eating it away, and in time, oh, I do not know when, perhaps a thousand or a million years, the sands of the desert will have covered that mighty structure which covers thirteen acres and is four hundred and eighty-five feet in height.

Now just one more word in conclusion. Eclecticism was born out of necessity. I believe and I think you believe it has a divine purpose and mission, and will live to accomplish that divine purpose and live as long as there are human ills, and so I want you, at the close of this session, to return to your homes and to your place of business and I want you to live such lives for Eclecticism that people will know that you have the truth and that truth is Eclecticism; and if truth be crushed to earth it will rise again. Oh, to be sure, the new Eclecticism may fade from history; our organization may be long, long forgotten; but yet the great principles for which we stand, the great principle of Eclecticism which incorporated into its very existence that of the Golden Rule, "Do unto others as you would have them do unto you," and "Love thy neighbor as thyself," will stand when you live such lives as this; then it may be said of you, as the poet has said:

"Lives of great men all remind us
We can make our lives sublime,
And departing, leave behind us
Footprints on the sands of time."

TREATMENT OF TUBERCULOSIS BY VEGETABLE PRODUCTS USED AS INTRAMUSCULAR AND INTRAVENOUS INJECTIONS.

V. von Unruh, M.D., New York.

The treatment of tuberculosis in the last fifty years has crystallized into fresh air, good food, graduated exercise, tuberculins, and pneumothorax. When we look upon the immense amounts spent in the "study and prevention" of tuberculosis, twenty million dollars every year, and see that not only nothing is accomplished in effective treatment of tuberculosis, but that the disease draws more and more victims into its net each year, then we wonder; no we don't. There are probably not more than two million tuberculous people in the United States at present; but a vast army of students, researchers, charity organization societies, sanatorium and hospital staffs, visiting and other nurses, etc., and the whole train of well-intentioned, but ill-advised philanthropists prove the deplorable fact that of efficient organization there is next to none, while that army is as prodigal in expending monies as the tubercle bacillus is in multiplying.

Nothing of real value has yet been accomplished in the therapeutics of tuberculosis. Why? Fresh air, good food, proper housing are all well-nigh denied to the poor because of lack of efficient organization that alone could provide these things. Tuberculosis each year still exacts more victims from humanity in the daily industrial and economic combats than the bloodiest battles of modern wars. Tuberculin is a failure; its advocates now resort to a dose that challenges the hundredth-decimal trituration of our Homeopathic brethren. Pneumothorax has its own self-limited uses; in even ideal cases it does not effect a cure; and, because this is a fact, one of the best known and most highly esteemed practitioners in the field of tuberculosis was himself prematurely taken away by the disease.

With apodlictical certainty it is proclaimed that there are no remedial agents, outside of those mentioned, that would avail anything in the treatment, let alone in cure or arrest of tuberculosis. Not even an attempt is made at finding and testing remedies; all because of a deep-rooted, inherited dogmatism. Even in our own ranks I had to experience the superior air of dogmatic waiving aside of facts I could present by the words: "We have nothing in our materia medica against tuberculosis, and whoever says he has is a plain fakir!" Dogmatism is dogmatism wherever it is found, whether in a theological seminary or in a scientific laboratory. Dogmatism anywhere and at all times is to be condemned. It is unprogressional, unphilosophic, unscientific, and unproductive! Much of therapeutic nihilism was caused by dogmatism. But, as ever, the reaction has set in. The proof of the pudding has been had. And, today, we of the Eclectic school are being complimented in ever-increasing degree upon our therapeutic accomplishments. Throughout all the road of history the man who has dared to dissent from accepted opinions has had hard going, as I have myself experienced. If it is true that the folly of one age is the wisdom of the next, then it is equally true

that the wise man of future generations has too often borne the cap and bells in his own. The very moment we throw off dogmatism a new vista opens to us—vegetable remedies in the treatment of tuberculosis. And I am glad to be able to say that I have been instrumental in holding out that vista to many a man who would look at it and at me only after I had produced incontrovertible proofs and facts that he could see, hear, feel, percuss, radiograph and index opsonically!

By your request I am to talk about some vegetable drugs employed effectively against tuberculosis. This request is an honor to me and a privilege that I appreciate. I shall attempt to give an outline, not of what I have done, but of what our reliable drugs will do in tuberculosis.

The drugs I have found most useful are twelve in number: inula, echinacea, bryonia, aconite, veratrum, gelsemium, belladonna (atropine), lobelia, cactus, crataegus, passiflora, sanguinaria. The conditions and purposes for which I employ them are: Destruction of the tubercle bacillus, phagocytosis and opsonic index, fever, cough, nightsweats, digestive disturbances, heart lesions, tuberculous pleurisy and pneumonia, acute and chronic pulmonary tuberculosis, tuberculosis of glands, joints, bones, and tuberculous abscesses, tuberculosis of bladder, kidneys, intestines and peritoneum. When I speak of these remedies I refer, for the purposes of this paper, to their use as intramuscular and intravenous injections; exceptions are mentioned in each case specifically.

Inula, with me, heads the list, because it will in the vast majority of cases destroy the tubercle bacillus and the coccus group of micro-organisms. A stable fluid preparation of the drug is preferable; and among these I prefer the "subculoyd" form, a colloidal preparation without free alcohol, evolved by our esteemed Prof. John Uri Lloyd, our incomparable master in pharmacy.

My study of "subculoyd inula" has clearly shown that it will render sterile and inhibit the growth of a tubercle bacillus culture by a solution of 1:1,000 of aq. dest. It will stop the multiplication of the bacilli and finally do away with them entirely. By mouth I give it in rather large doses, 15 to 20 minims, in water, three to four times a day; by intramuscular injections, 3 to 8 c.c., and intravenously 5 to 20 c.c., three times a week or oftener, as the case seems to require. Inula will also positively stop the nightsweats, and decrease and finally stop the cough. That it accomplishes these two latter things is due, in my experience, to its astringent effects upon mucous and serous membranes and sebaceous glands. It will, at first, for a few days only, increase the amount of expectoration, and thereafter cough and expectoration will diminish with astonishing rapidity. Thus, I have come to class this drug not among the true expectorants, but among astringents for mucous and serous membranes and sweat glands. That the drug is an astringent is shown by the action of an overdose which is: Severe griping, pain, and tenesmus in the intestines and sphincter muscles, just as occurs after large doses of tannin preparations, and by the effect upon the bladder where it produces urging desire to micturition with extremely scant results,

while the lumbar pain that ensues points to the lumbar ganglia being affected.

In Dr. Ellingwood's last edition it is stated that "the drug is a tonic; it acts directly upon the nutritive functions of the body; imparts tone to the digestive and respiratory organs and to the urinary tract." Allen, in his Encyclopedia of the Materia Medica, cited by Fischer, says that "the drug has been held to be a stimulant to secretory organs, but the effects produced are the exact opposites. These effects are: Confusion in the head, nausea and vertigo on stooping, burning of the eyeballs, dryness of mouth and throat, increased peristaltic motion of the intestines with griping of tensive pain, dragging in the rectum and female genitalia, much urging to urinate with scant results, severe lumbar pain with sleeplessness and coldness. The more minute action of the drug seems to fully carry out the above, which shows inula to be anything but diaphoretic, diuretic, or expectorant in a physiological sense."

How does inula effect a destruction of the tubercle bacillus? I believe it does so by depriving the bacillus of its fatty envelope, thus laying it open to destruction by the lysins of the organism. *This is my theory,* based upon my laboratory researches that have shown that under the influence of inula the bacilli are stripped of their lipoid sheath and subsequently disappear from the affected organs. I say it is a theory, advisedly; but it is based upon laboratory proof and clinical demonstrations. Here is a field for some alert chemist who will give time, thought, and concentration to the study of how and why inula acts thus upon the lipoids. I feel quite certain that such study will lead to finding in inula the specific against the tubercle bacillus, just as quinine is the specific against the plasmodium.

A solution of 1:1,000 of subculoyd inula, I said, will inhibit the growth of tubercle bacilli cultures. Injecting this inula into the circulation we get a dilution of inula by means of the blood itself; 7.7 per cent. of the body weight is blood and plasma. So that in a person weighing 50 kg. (approximately 100 pounds) we have 3.85 kg. or 3,850 grammes of blood and plasma. Injecting 5 c.c. of inula into the blood stream gives us a dilution of 1 part of inula in 770 parts of blood. If one could direct this blood and inula mixture and concentrate it at the various foci in the body the bacilli would instantly stop multiplying; their fatty sheath would be dissolved, and the lysins would do the rest. But we can not so direct our blood stream, and, morever, the injected fluid is to a great extent necessarily lost by absorption elsewhere in the body. Furthermore, the walls of the tubercle are hard to penetrate; but they are permeable, according to the latest researches in this field made by Prof. P. A. Lewis of the Henry Phipps Institute of Philadelphia, Pa. How much of the injected fluid is absorbed and how much will readily reach the tubercles, of course, escapes our capability of ascertaining. Yet, it is reasonable to assume (and laboratory researches go to prove such assumption true), that some percentage of the injected fluid will penetrate to the very interior of the tubercle and there do its work effectively. Keeping up the injections we see what the end results must be. Of course, we

must concede the fact that not always do we or can we attain this most desirable end; and if our injections are not in quantity proportionate to the multiplication process of the bacilli we shall lose out; otherwise we not only win, but we eradicate the disease-causing factor and actually cure the disease beyond the possibility of relapse. This very fact has been my experience and that of others; cases once cured remain so and never have shown a relapse, even four and five years after having been cured. So you see that inula does not only arrest, but actually cures tuberculosis.

Echinacea, a purely Eclectic drug, condemned ad infernum by those high in councils and dogmatism, but a drug by which stand 75 per cent. of all practicing physicians in the United States, as is shown by true statistics. Its physiological action is well known to us, so there is no need to repeat this. The therapeutic action and effects are also known and understood, and no practitioner who has once tried it out will ever do without echinacea. To some degree I have been able to contribute to the understanding of the mode of action of this drug; and I will reiterate my statements of three years ago, made after extensive studies of the drug's effects upon the leucocytes. I believe I was the first to study the drug along these lines; for me it was not sufficient to be able to say, it gives such and such results; I wanted to know how and why it did so. Dr. T. S. Schlauch, a most careful pathologist, and myself studied the effects upon the blood corpuscles; we made over 500 differential and Arneth counts in tuberculosis, streptococcic sore throat, pneumonia, diphtheria, carbuncles, and other infectious conditions. The result showed that echinacea increases phagocytosis. And since this is the proof stone of the opsonic index we are bound to come to the conclusion that the drug raises this index. This one fact must be the principal guide in the therapeutic administration of this drug. It will also normalize the proportion between the white and red corpuscles and act very favorably in leucopenia and hyperleucocytosis; and it effectively eliminates the toxins from the body. Perhaps we might expect results from it in leukemia and pernicious anemia. It will render normal the percentage among the polymorphonuclears (neutrophiles); the "Arneth count" refers exclusively to these. May I stimulate the use by our members of this method of blood counting in infectious diseases? It will give a clear and true prognosis; and one can, by successive countings of the neutrophiles after this method determine conclusively whether or not one's medication has produced any improvement in the patient.

Having considered each of these two drugs separately as to their therapeutic effects in tuberculosis, we can now perceive the rationale of combining them in the "inula-echinacea compound?" It is evident that when we have one drug that destroys the bacilli, stops nightsweats and cough, and another drug that increases phagocytosis and katabolic processes, we have in the combination of the two an almost ideal weapon against this most dreaded foe of humanity. What has been accomplished in treating human tuberculosis with the compound is, I presume, known to all our members by this time by reason of various articles and reprints of other physicians'

reports that have appeared in the journals. I had the privilege of reading before the Eclectic Medical Society of the State of New York twenty-five reports of other physicians, more than half of which were from Allopaths, one-third Eclectics, and the rest Homeopaths. And right here I want to state another fact: distemper in dogs, a disease closely resembling tuberculosis in its physical symptoms, is being cured, case after case with scarcely an exception, by the compound in the hands of one of New York's prominent veterinarians, while tuberculosis in monkeys is likewise being cured by the compound by another very prominent veterinarian; and influenza in horses is being cured by the compound in several of the veterinary hospitals in New York City. These facts are entirely confirmatory of the results we have had in human tuberculosis, in pneumonia, influenza, where the infectious agent belongs to the bacillus or coccus group in respiratory diseases.

This leads me to speak about experiments I made upon animals some three years ago. In a parasitic disease, such as tuberculosis, the host himself is not as important a factor in the study of any therapeutic specific as is the specific organism itself. If this organism is destroyed and eliminated from the organism of the host in the great majority of instances and in different hosts then we have reason to believe that we have a specific therapeutic agent against that micro-organism. In the case of quinine in malaria we have generations of empirical observations to support our claims, while this very factor is as yet absent from the clinical observations regarding inula. In the end, to be sure, the experiment must be made on the human being. But a few clean-cut and carefully planned experiments on animals are of great value, especially in connection with our past clinical findings. Moved by these considerations we inoculated fifteen guinea pigs, keeping five others as control animals. Of the fifteen animals inoculated with tuberculous sputum we attained an arrest of the disease in twelve of them, the three remaining died. The charts we kept of the experiments are too lengthy to be incorporated in this paper; but they are at the disposal of any one who wishes to examine them.

Dosage.—As to the dose in each injection, let me say, individualize; watch your cases; medicate the person, not the name of a disease. Some cases will do well on a dose of 4 c.c., while others need up to 20 c.c. of the subculoyd inula-echinacea compound, two to three times a week. When we get reactions, exhibited by chills, paroxysms of cough, and rise in temperature, the dose must be reduced at once. Echinacea will set free toxins, doubtlessly; it acts as a most powerful stimulant. I have made it a rule in my own work to find in each case the maximum dose at which reactions occur; and, when they do occur, to reduce the dose to just below that maximum and keep the patient on that dose thereafter. Cases which apparently could not be classed among the bad ones often give immediate and violent reactions. This, to me, is proof of a profound intoxication by toxins and waste products. Other apparently bad cases with extensively involved areas will show no reaction on even a large dose, which fact shows that they have worked up a natural resistance by producing antibodies in their system.

Thus you see that the compound must be used with a discriminating mind and hand; a mere perfunctory administration must result in failures or aggravation of the disease.

Fortifying Treatment.—Along with injections I give "specific medicine inula" by mouth, alternating this from time to time with "specific medicine echinacea." Of either, 15 to 20 minims in water, t. i. d., or q. i. d. As a general tonic nothing is so excellent as the "triple arsenates with nuclein, No. 2," of which I give from 3 to 6 tablets per dose, q. i. d. Finding my reaction here in each case I then reduce the dose to one just short of producing that reaction. These, no doubt, are considered large doses and will evoke criticism and opposition. But having given such large doses for many months with uniformly good results I have reached the conclusion that in these cases it is of no value to the patient or physician to waste drugs in small or infrequent doses. Give your drugs to effect.

The *fever* of tuberculosis, whether continuous, remittent, or intermittent, is, except in very bad cases that are stubborn, always conquered by the compound, and with comparative ease. Along with the reduction of the fever goes that of the pulse rate. This is perfectly logical, since echinacea will remove from the system the very toxins that induce high pulse and temperature.

The observations of all who have used the compound for any length of time concur in the statement that the first signs of improvement on using the compound are found in a gradual reduction and return to normal of pulse and temperature along with the stopping of nightsweats. No special remedies need be given for the latter. The next sign of improvement is a diminution of cough and expectoration, and with this there is a return of appetite and increase in weight. By this time the bacilli are less numerous in the sputum, more and more of them showing signs of deterioration under the microscope, their lipoid sheaths being lost. At this period it is very difficult, and often impossible to grow a culture from such bacilli; all these facts showing that the malignancy of the disease is broken. In fact, at this stage I have tried repeatedly to inoculate guinea pigs or rabbits with a sputum that showed such deteriorated bacilli; but in the majority of cases the results were negative.

If the fever was particularly obstinate I have given, with some results, along with the injections of the compound, aconite, gelsemium, veratrum and belladonna. Aconite is given by mouth. The other three drugs named may with advantage be added to each injection, determining the dose by reducing the corresponding dose given by mouth. Belladonna and gelsemium must be carefully watched when given by injections; some very unpleasant reactions may result from doses that are too large. Individuals will react differently upon these drugs; so care must be taken in watching each case. I am not afraid to give even as large a dose as 25 minims of the subculoyd veratrum; it has often worked wonders in the pneumonia of tuberculous patients and also in the acute type of the disease. A *tuberculous pneumonia* is to be treated as any case of lobar pneumonia, at the same time

keeping up the injections with the inula-echinacea compound. In non-tuberculous lobar pneumonias I have had most gratifying results from the compound. In eight cases treated so far there never was a crisis; resolution took place by lysis. Five c.c. of the compound were injected three times a day into the muscles or veins, and veratrum was given by mouth; invariably the temperature came down on the fourth or fifth day, and thence resolution set in and uneventful recovery followed.

For the anemia of tuberculosis the "Elixir Cinchonæ et Ferri" (Natl. Formul.) will answer well. It should be noted, however, that not all tuberculous cases are anemic; a hemoglobin test will give the necessary indications for the administration of this or any other suitable iron preparation, preferably an organic one.

Disturbances of the *digestive functions* are caused by the toxins and the retention of waste material in the system. The whole bodily machinery is clogged up. And here, again, there is to my mind nothing so quickly effective and grateful as echinacea, either in the subculoyd form given by injections or the specific medicine by mouth. A little specific hydrastis may be added with good results. I have never had a single case fail to respond to this regime. For a "lazy liver" the indicated remedies are given; but even here echinacea will answer well.

The *cough,* if dry and small, when accompanied by a tickling sensation in the larynx, will yield to sanguinaria; inula will make such cough worse! Where profuse expectoration obtains *lobelia with inula* will give splendid results. To speak again about the field of action of lobelia were to carry owls to Athens. We are familiar with this drug from the symposium published by Dr. Ellingwood some time ago. Vomiting, caused by paroxysms of cough, calls for very small doses of lobelia. The constant cough so often found in tuberculous people is nicely controlled by giving 10 minims of specific lobelia every ten minutes.

Bryonia is the unfailing remedy for all inflammations of serous membranes, wherever located, especially in tuberculous pleurisies. It is said that 75 per cent. of all pleurisies are of tuberculous origin. They seem to be so much more painful than the non-tuberculous pleurisies. I rely on libradol for the alleviation of the pain; but the pleurisy will disappear on proper doses of bryonia by mouth. Often patients have come to me for "that pleurisy medicine" that Tom or Kate had had from me. I give bryonia, 1 dram to a 4-ounce mixture, to which I add 5 drops each of aconite and belladonna. This mixture has never failed me. I never had to strap a pleuritic chest with adhesive plaster strips; and my faith in bryonia is so firm that I remove the strips whenever a patient comes to me with his chest enveloped in such armor plate. It is very gratifying to observe how quickly and completely the pleurisy will resolve without even leaving a trace of infiltration; the pleuritic rub will disappear quickly, except in old, often-recurring cases where percussion will elicit the characteristic flower-barrel sound. A brief summary of the conditions for which bryonia is indicated is: Bronchitis with the short, hacking cough; painful, harassing cough with

difficult breathing; intercostal neuralgia; arthritis; pleurisy and peritonitis with effusions.

Of *acute pulmonary tuberculosis* I have treated five cases so far. All of them have made complete clinical recoveries. These cases seem to me to offer a better chance for recovery than those old, chronic cases that suddenly flare up in a general conflagration with fever up to 104° F. In these latter cases I never had but passing improvement; they all died. In the acute or galloping type I gave the injections with the compound along with the fever remedies spoken of above; the results were uniformly good in all cases treated so far.

Intestinal and *peritoneal tuberculosis* are, next to the *meningeal* type, the most fatal and least yielding to treatment. My experience with this type is but one case. The patient died after three months. No remedies were of any avail. I employed the compound, bryonia, conium, dioscorea, echinacea, and inula.

Kidney and Bladder Tuberculosis.—Of this type I have treated three cases, and two other physicians have reported one case each. Four of these five cases were arrested. A gratifying part is that the other physicians are men of high standing in the allopathic fold. The mode of treatment in these cases is as follows: Intravenous or intramuscular injections with the subculoyd inula-echinacea compound; at the same time urethral injections, bladder irrigations, and irrigations of the renal pelvis with the dilute compound. In female cases bladder irrigations are given without any difficulty, as the parts are easy of access. Empty the bladder of its contents through a rubber catheter, then introduce a mixture of one part of the compound and two parts of distilled water, and let this be retained until the next natural micturition. The results from this regime astonished me when I first began to treat this type of cases in this manner. Irrigations of the renal pelvis must be made by a specialist in cystoscopy.

In male cases of this type there is more difficulty because of the almost always affected prostate and the seldom followed injunction to abstain from sexual activities. One man under my care for fifteen months, suffering from tuberculosis of kidney, bladder and testicle, became during that time the father of an undeveloped baby. Truly, the man who spoke about "la bete humaine" must have had some such individual in his mind. Such things disgust one, and one feels tempted to let such individual earn his well-deserved fate.

Where the prostate is swollen and painful I have good results from urethral injections; the compound is diluted with two or three times its volume of aq. dest. Injections are given from a gonorrhea syringe every day; the injected quantity is retained while prostatic massage is given. The prostate will diminish in size rather quickly, the inflammation will subside, so that a catheter can then be passed. Thereafter bladder irrigations are given three times a week, the diluted compound being retained until the next natural micturition. Pus and blood will disappear from the urine, the tubercles will heal, and the capacity of the bladder will increase up to

6 to 8 ounces. Where the kidney is affected renal irrigations are given through the cystoscope.

One female case was treated by one of the physicians on the health department staff in his private practice. There was a tuberculous ulcer on the posterior wall of the bladder, with all the constitutional symptoms of tuberculosis of that organ; blood and pus in the urine; six hemorrhages from the bladder during the last five months; tubercle bacilli in the urine under the microscope and in cultures; constant loss of weight; frequent micturitions, extremely painful. After two months of treatment, as outlined above, the patient has gained in weight, the urine is free from pus, blood and casts; no bacilli are found under the microscope and in culture; the cystoscope shows a scar where the ulcer had been; the bladder retains 8 ounces, and voiding of the urine is of normal frequency and entirely painless.

I had occasion to treat two cases of *cystitis in women,* caused by colon bacillus infection. Both cases recovered fully within six weeks; the bladder in both was studded with small ulcers; the urine contained blood, pus, and colon bacilli. Treatment was analogous to that outlined above.

Three cases of *lupus,* two of them my own patients, have been clinically cured by the compound in remarkably short time—two to four weeks. My cases suffered from pulmonary tuberculosis, the lupus being a superseding complication. This leads me to believe that by the same method and means we might expect results in leprosy. The lepra bacillus belongs to the same family as the tubercle bacillus, and closely resembles it. I certainly would not hesitate to treat leprosy in this manner.

In *glandular tuberculosis* I have but little experience with this mode of treatment; four cases in all came under my observation. Two recovered, but their gland capsules remained indurated. In the two other cases there was no success.

Tuberculous abscesses in bones, joints, and elsewhere, in all eight cases, responded nicely and went on to recovery after treatment lasting from two to six months. Loss of motion resulted in those in which the joint elements had been attacked; the others recovered motion. Local applications with the diluted or full strength compound were given together with the injections. In all cases the bacillus was demonstrated by microscope or cultures. Such tuberculous joints call for bryonia internally. One case of tuberculous abscess of the ileo-sacral region was sent to me by another physician who had not succeeded in closing the wound in six months. When the patient came to me there was still pus and bacilli in the wound. I applied the compound full strength locally, and within four days the wound healed and there has not been any relapse up to the present—six months later.

Cactus and *crataegus* in heart lesions of tuberculous persons are invaluable. While cactus has a wonderfully nutritive effect upon the heart muscle itself, crataegus is the remedy *par excellence* in the valvular troubles; nothing will equal it here. I have seen a physician giving specific medicine crataegus in tablespoon doses diluted with water to a woman whose valves were so insufficient that she could hardly breathe nor talk. The effect of

the crataegus was almost instantaneous. Within a half hour she sat up and talked without difficulty whatever, as though her valves were sound. This physician keeps up these large doses. He says that after failing with every other remedy, he was told of crataegus by a physician conversant with specific medicines. He now mixes two-thirds crataegus with one-third cactus and says that he keeps his patient alive by this regime. I need not go into these drugs any further; we are familiar with them as old standbys.

Insomnia of tuberculous persons yields nicely to *passiflora.*

Many of the phases of drug effects have not been studied sufficiently. There is an enormous field here in physiological, chemical, and biological study of drug effects, a study which must in the end answer our questions as to how and why our drugs act. To find the answers to the questions, how and why? is, to my mind, of utmost importance. For if we had fully answered them in the case of a certain number of drugs we could then proceed to reason inductively and classify our drugs according to certain principles thus found, and do so with unassailable certainty. Of course, that answer would not be found along purely clinical and therapeutic lines, but must be sought along chemical, physiological and biological lines. The question, put in its broadest sense, is, "How does a drug affect or change the chemical or biological elements in the body?" It means "chemotherapy" of our colloidal drugs, in diametrical opposition to the "chemotherapy" that is sought to evolve in Europe by the mineral therapeutic agents. Our drugs contain certain chemical elements that will, in the bodily physiological chemistry, form compounds, or affect body elements, that thus produce a specific effect upon ailments that we treat. Having found these factors we could then draw our conclusions from the observation of a series of incontrovertible facts, reach the conclusion that a certain principle is of certain general applicability, and find the common factor that gives rise to a number of separate instances.

As I said before, quinine has a certain specific effect or action upon the plasmodium malariæ, and inula upon the tubercle bacillus. These are mere clinical and laboratory observations. But the fact of clinical results is of far less importance than the answer to the question: "By virtue of what chemical element or compound in these drugs is that chemical or biological result in therapeutics obtained?" The question and problem of prophylaxis would certainly receive a different aspect and direction if we could find the chemical constituents in our colloidal drugs that are capable of changing such bodily chemical structures as are causative of disease symptoms into the normal or even modified bodily chemical constituents by virtue of which disease conditions would and could be averted.

Let us find the chemical or biological factors or elements in drugs; let us extend this search to all our drugs; find the chemical or biological principle that underlies the clinically manifest result, and then we shall be in a position to say: "This we have done; our school is not merely empirical; our results are based upon demonstrable, unalterable, universal laws."

There are throughout the vegetable kingdom, in all plants, certain defi-

nite, ascertainable structural compounds, that because of their colloidal or organic nature possess affinity for the various chemical, colloidal, and organic elements or compounds in the human body. What we need to find, by our new colloidal chemistry and physiology, is the answer to the question: "How will a given class of colloidal substances from the vegetable kingdom affect or change certain affinitive elements or compounds in the human body?" I venture to predict that the evolution of true therapeutics will proceed along these very lines.

"Specific medication" was the first long step ahead in this very direction. "Colloidal plant chemistry," as now evolved by Prof. Lloyd, is the next logical evolutionary step. Not only along lines of chemistry and physics; but by applying the principles of specific medication to colloidal chemistry we shall evolve a new, positive and scientific therapeutics. Should we sit back idly, satisfied with mere facts of clinical results in our present therapy, and not bother our minds further? No! We can not continue living, or even existing unless we strive by earning to come into possession of what we have inherited. To stand still is to retrogress and decay. Forward, onward lies the palm of victory and true Eclecticism that shall be ours, but only if we progress and find principles superseding old experiences and conceptions! "*Eppur si muove*!"

All the universe is at war with immobility! Nothing can last, nothing is good or bad in itself. Old creeds, old social, moral and scientific standards are passing. And why should they not? Is our future bankrupt? Is the eternal process not capable of infinite newer adaptations and ideals? Philosophical systems, sciences, moralties are put forth in trust and faith from the larval brain of man; but Time, the arch-ironist, grinds them to smut! As the flame of Vesuvius' crater is lost in the black pits of night, so are our highest exaltations and aspirations absorbed by the unknowable whose synonym is duration or enduring. All things are travailing at birth or entering on the death spasm. Why should we rust and rot in any particular dogma or dream? To hold an opinion, a belief, or a dogma, and to stop thinking, are they not the self-same thing? Once we cease to believe in any one thing and become spectators and students of life and change, placing ourselves outside the seething kettle of ceaseless activity, we see that the change is not only good, but all the more beautiful. We glorify change seeing in it the method of a timeless miracle. No thought is final! Actions, feelings, thoughts, studies that have no beyond, that never crumble—they are the tombs!

Finally, let me say that the reports and testimonies from physicians from all parts of the United States prove that the "subculoyd inula-echinacea compound" is "making good." If it were not for these reports of others you might accuse me of giving myself up to a delusion. The compound as now evolved has yielded most satisfactory results in the hands of even the most skeptical; the often repeated and gratifying acknowledgment from them is summarized in the words, tried and found true. I can safely rest my case on the reports of others who have with courage tried this method

in their own practice. Courage consists not in hazarding without fear, but in being resolute-minded in a just cause. Let me insist that I am not a believer in a "consumption cure;" but am a believer in a discriminate treatment of tuberculosis.

INTRAVENOUS MEDICATION WITH CHEMICAL PRODUCTS FOR TUBERCULOSIS.

H. H. Helbing, M.D., St. Louis, Mo.

During the past year I have continued research work and experimentation with various chemical products for tuberculosis, and I have come to one important conclusion, and that is that the earlier we diagnose our case the better chance we have to cure the case with this treatment. We all, no doubt, are aware of this fact; but it might be well to reiterate it and enumerate a few of the early signs of the disease.

In reading an article on this subject recently I was struck with an expression used that it will be well for us to remember and that is that "it is more what the physician has in his head and less what the patient has in his lungs on which the correct diagnosis and the patient's life depends." Thoroughness in the examination of every patient is absolutely essential to success.

Among the early signs which we all perhaps know, but which will bear repeating, are the tuberculin reaction, von Pirquet's test. A surface thermometer, applied firmly in the anterior second intercostal space, will reveal a higher temperature there than normal, or of the opposite side, if there are tubercles underneath. Modification of vesicular murmur will be found here also. Dullness may be elicited by percussing with patient's mouth open or by fixed expiration; or the difference between the two sides becomes very manifest during held inspiration. Another early sign sometimes present, even before the physical indications of tubercle, is a murmur present at times in the pulmonary artery. These physical signs may be accompanied by rales of various kinds which will be especially significant if heard at the upper portion of the lung, whether anterior or posterior.

Among other early signs is the Watkins live blood test, of which we have had a description in our literature and an evident increased heart load, which may be ascertained with the sphygmomanometer. This is ascertained by taking the pulse pressure, or the difference between the systolic and diastolic, then divide this pulse pressure by the diastolic, which will give the heart load.

In the February *Medical World* was an article on "An Effort to Standardize Myocardial Capacity, with Reference to Early Diagnosis of Tuberculosis," by Harvey Stamp, M.D., Philadelphia, Pa. This article is one containing practical ideas that look plausible. He says briefly that in 91,800 observations on Caucasian individuals, that the average heart load is slightly under 53 per cent. We have been led to believe that a variation of 8 per

cent. or 10 per cent. can take place with no indication of a serious perversion, *per se,* but if a second, third or fourth observation shows more than 10 per cent. variation, we should immediately label it a pathologic case and search for the cause, if the blood pressure reading had not already revealed it. Dr. Stamp cites one case of many in that of a young man whose heart load was 107 per cent., who, at the time, had not the least suspicion of tuberculosis; yet within two years he developed tuberculosis, and in six months afterward was dead. It behooves us to give this matter our attention and demonstrate to our own satisfaction whether we may determine if we have a case of incipient tuberculosis to deal with. At any rate this method in connection with various other means will help us materially to arrive at a conclusion.

You, no doubt, are familiar with various blood tests as an aid in the diagnosis, so I will not take up your time with an enumeration of them. Suffice it to say that blood counts of both white and red corpuscles, as well as the hemoglobin test, should be made at intervals during treatment, for it is only in this way that we may know accurately whether our treatment is accomplishing results.

During the past year I have not only been using the salicylic acid and guaiacol treatment, but have also used the so-called Chittick treatment. The latter consists in the mixture of calcreose ℥2; iron phosphate ℥1; magnesium glycero-phosphate grs. 20; potassium phosphate (dibasic) grs. 20; sodium chloride grs. 60; sodium salicylate grs. 200, and water ℥32. This mixture is to be shaken frequently during twenty-four hours, and then filtered. The dose is 5 c.c. intravenously, repeated as often as necessary, usually every other day, to effect a cure.

With the limited use to which I have put this treatment, I am inclined to think it will prove more efficient than the enormous doses of salicylic acid. In the hands of Dr. Chittick and others who are using the remedy it is proving very valuable, and I would suggest that even if you use the salicylic acid in large doses it would be wise to supplement it with this treatment intercurrently. You will be thus adding to the blood, agents of great nutritive value, at the same time you are combating the germ that is destroying the life of the patient. I am sure that if we will give this method of treatment proper study and care, coupled with hygienic measures, we will cure more cases of tuberculosis than is being cured by any other therapeutic measure that is known today.

I am sorry that I have not a number of cases to report, but I have been unable to obtain early stage cases, and I invariably turn down latter stage cases because I have found that the treatment will do such cases no good. I have had under treatment the past year an interesting case of tuberculosis of the hip that yielded to the treatment, although there is a deformity left from the disease, as the radiograph will show.

Miss Nehl, who is the sister of Dr. Nehl, of St. Louis, has been a sufferer for over a year with pain, intense at times, especially at night. We have given her fully twelve or fifteen treatments, using 98 grains of salicylic

acid each time. As first we used the guaiacol, but owing to the fact that it produced great nausea we substituted echinacea and inula, added to the salicylic acid mixture. After each treatment she would be relieved of pain for three weeks to two months when another dose would be given. She has gone about three months now without any treatment and is practically free of pain, unless just after sitting down or getting up out of a chair. A complement fixation test shows positive in her case and taking other signs into consideration we are justified in believing that she has tuberculosis of the hip.

The leucocyte count and subjective symptoms seem to indicate that there is little or no pus present, which, I believe, has been prevented by the intravenous treatment. I was interested to know what effect, if any, the salicylic acid had upon the kidneys, so an analysis was made following the last intravenous treatment. There was no albumen or sugar, and no indication of any abnormal condition other than a positive Weiss test.

There seems to be a separation of the head of the femur from the neck, by a close examination of the X-ray picture. Eventually this patient will have very good use of her leg, for her general health has improved; the pain is practically gone and all the evidences point to an uneventual normal recovery outside of the deformity.

There has just fallen into my hands an apparent incipient case of tuberculosis with an unusual history. About a year ago he accidently, while chewing a cornstalk, got a piece of the pith down his trachea, which caused difficult breathing, while it was in there. It remained there for twelve weeks, during which time his temperature rose to as high as 105° F. One day, during a violent fit of coughing, the pith came out, followed by a copious amount of pus. Since that time, or for about a year, he has been coughing up a great amount of sputum, pus-like in character and of foul odor.

A radiograph of the chest reveals no large cavity; in fact, no cavity to speak of. He has not lost weight, to speak of; neither has he nightsweats, hectic flush, or any of the subjective symptoms usually accompanying the third stage of the disease. There are rales throughout the right chest, but none in the left. A sputum examination reveals tubercle bacilli; but required gram stain to find them. I judge that this pith ball entered the right bronchial tube and caused an infection which has existed so long that it has recently resulted in tuberculosis. I gave him his first intravenous of 60 grains of salicylic acid last Wednesday, and am following it up with the Chittick formula every few days. His blood examination shows a hemoglobin test of 80 per cent. There are 400,000 reds and 12,000 leucocytes. The differential count appears normal. The only unfavorable indication that I can see is the feeling of exhaustion from which he suffers and slight hemorrhage from the lungs that has occurred a couple of times.

During the year I have treated a case of tuberculosis of the kidney, but owing to the fact that it had existed for a long time made it an unfavorable case for treatment. This man was a farmer, fifty-three years old, sent to me from Kansas. He had suffered for three years with the disease. The

The head of the femur has separated from the neck and the shaft, including neck, is displaced upward.

left kidney was affected and was considerably enlarged. He suffered with frequent micturition, which required him to get up five or six times at night. There was no residual urine and no indication of prostatic enlargement. He was 5 feet, 10 inches, and weighed 140 pounds. His temperature was normal at times, but he had paroxysms when it arose to 103° F. His pulse was rapid and weak. There was pus and albumen in the urine. His blood examination showed 3,250,000 reds and 5,600 leucocytes; hemoglobin 70 per cent; blood pressure 130, systolic. Three doses of the acid were given at from ten days' to two weeks' intervals. After each injection the pus and albumen in the urine were lessened, but he did not improve generally. The hemoglobin percentage improved slightly, but there was no increase in the red corpuscles. At one time the leucocytes increased to 7,400, but declined again; so it was self-evident that the treatment was not to reach the case. The Chittick treatment was used during the intervening period between the salicylic acid injection. I advised him to have the kidney enucleated, but he would not submit. After his return home and when he became bedfast, he wanted me to go out to his home and operate upon him, but it was then too late, and I considered him too weak to withstand the operation. He died about a month after being confined wholly to his bed.

CRIME IN RELATION TO INSANITY; INSANITY IN RELATION TO CRIME; INSANITY AND CRIME IN RELATION TO THE FUTURE OF THE UNITED STATES.

Theo. D. Adlerman, M.D., Brooklyn, N. Y.

Before reading this article I would like to state, and I would like it understood that the writer is not advancing this as an argument against war, nor as an argument for the pacifists, as the writer is fully convinced, and is in favor of war, when same is necessary, nor is the writer's disposition such that he could be claimed among the peace advocates at any price.

War and crime, or rather the increase of certain peculiar crimes during and after the war, is a subject which requires more than a passing notice, and which has received the consideration of many thinking men.

Historical facts prove that after every war, or at least after those wars during which and after which statistics were compiled, certain nervous diseases and certain crimes increased to an abnormal rate. The remarkable increase of epilepsy and certain crimes and insanities after the last Franco-Prussian War of 1870 is an established fact. This fact received full substantiation by the peculiar situation developed in Germany up to date, and it is this that led me to presenting this paper for your consideration.

Soon after the present war started—in fact, within a very few months after the beginning of hostilities—there was noticed through the different parts of the German Empire an abnormal increase in different crimes, which seems to have invaded the masses at large, and which brought forth criminals ranging in age from the very old to the very young, and an especially large

increase among the young criminals. Juvenile delinquency in England increased 34 per cent.

A great many different reasons were advanced, such as the absence, or rather the lessening of both police and parental restraint, owing to the absence of so many at the state of war, as well as to the abnormal emotions instilled by different feeling towards the enemy of different countries. Children were forgotten and neglected, and the laws governing school attendance, hours of labor, settlement work and interests in the young were relaxed, or ceased to exist.

In Great Britain schools were taken for military purposes, teachers were enlisted, supplies were cut down, evening schools ceased and pupils (150,000) between 11 and 13 years went to work, while 300,000 of 5 years and under were left without care.

This increase in crime progressed so much that it became an absolute necessity for the authorities in charge of the different cities in different parts of the empire to assume energetic measures in order to suppress at least to some extent the criminal wave of lawlessness, which seems to involve even the very young school children in acts of roughness, mischief, and even crime of grave character. The partial increase in crime was especially noticed between the age of 12 and 18 years.

Statistics gathered together for the time being, prove the above assertions beyond the shadow of a doubt. In the year 1915, in the city of Berlin, there were twice as many crimes among the young as had been committed in 1914. The city of Munich produced a record showing that in the first three months of 1915 the number of crimes committed by the young came up to the entire number committed during the year 1914.

The city of Stuttgart reports an increase in crime, which is very marked among the children of school age. It is true that some slight variation was shown in the report received from the city of Frankfort, where a decrease of about 55 per cent. among minor offenses was noted, but in the same city, at the same time, we note an increase of over 40 per cent. in the very grave crimes of various nature. It will not be out of place to mention here that among the grave crimes above quoted, we find murder, larceny, arson, etc., which shows that the situation can certainly be regarded as a very serious one.

We may advance many reasons here as an explanation of the above situation. The very brutal crimes can be ascribed first, to economic conditions, the extreme poverty following the first period after the war, the extreme need in all commodities of life, the lessening of restraint both at home and in public, to anti-educational influences, owing to the presence of so many of the proper people at the war front, and also to the excessive excitement of the imagination in the young people by the different events following the war.

If you bear in mind that many of the crimes committed after the last Franco-Prussian War were committed with instruments, which were more or less associated with that war, and if we consider the increased number of

instruments invented of late for the killing of people at war, we may imagine the abnormal amount of crime which will follow when the present war stops, and when we will have at large so many who will be more than familiar with the use of the new war implements.

The increase in crime will be followed by an increase of insanity and epilepsy. Insanity, in its relation to crime, is closely associated with the inherited tendencies of every human being. In the young years, when our passions and instincts are at their fullest development, we find crimes committed which are of a more or less general nature, while as we advance in years, when our bodily and intellectual power commences to undergo some change and decline certain peculiar moral crimes are committed; thus, for example, sexual offenses are committed mostly at an advanced age.

We must remember in conjunction with this that very many forms of vice are seen among the insane. Every insane person exhibits some vice in some form. The most shocking vices are not exhibited except by insane persons and even the most moral and refined among the insane exhibit defect in the little niceties and conventionalities, or benevolences of life. While all insane persons are vicious, we are willing to admit that many persons who, for all practical purposes, are sane, yet exhibit a large amount of vice, but then the difference between simple vice and insane vice is a difference in degree only, and depends upon the difference of benefit secured, and benefit foregone by the act.

Another peculiarity which may perhaps not be known to you is the peculiar influence exercised by the different seasons upon crime. Crimes in which the animal passions play an important part are committed mostly in the summer months, while larcency and those crimes which depend upon want and other economic conditions are committed during the winter months. General theft increases during the times of adversity, while various minor offenses increase during prosperity.

Some three or four years ago in a paper read before this association I pointed out the important role played by alcohol in the production of the various forms of insanity, and I must now do the same in regard to general crimes. Alcohol induces and produces a tendency to most crimes, and to suicide. Alcoholics are immoral in their habits, and their posterity; their children are mostly delinquents, insane or lustful.

Insane heredity plays an important part in the production of criminals and runs hand in hand with alcoholic heredity. From official statistics we quote as follows: Out of 2,800 of under age criminals 7.4 per cent. were of alcoholic parentage. In another investigation 26.80 per cent. were found to be of alcoholic heredity. The statistics of crime in connection with insanity are also of great interest. Out of 314 cases, criminals of different degrees, seven had insane fathers; two had epileptic fathers; four had insane mothers; while the others had insanity in the different branches of the family. Age plays an important part in the production of both insanity and crime. From statistics we can prove that the number of criminals is greater between the years of twenty and thirty, while the greatest number

of insane is between the years of thirty and forty. While the insane after the age of forty seem to decrease, the criminals in that age increase.

It may perhaps suprise you, but I am obliged to make the statement that civilization increases both crime and insanity. The increase in criminals and insane is greater and greater every year that passes. This increase is out of proportion to the increase of the population in the different countries. Civilization seems to possess a specific criminality; it increases some crimes and it increases certain forms of insanity.

No article on crime would be complete were we to omit the part played by sex in the production of crime. Man predominates here, as in many other unsavory things. In some of the European countries this contrast is remarkable. In Italy, for example, only 8 per cent. of the criminals are women; in Spain, only about 9 per cent., and in Austria about 12 per cent., and so on in other countries. But if we are to take into consideration or even subscribe to a statement made by a well known student of criminology, that "prostitution is to women what crime is to men," the scales will perhaps balance. This statement, however, is open for discussion and may be argued pro and contra. The fact, however, remains that with many of the prostitutes, when the time passes, and the power of attraction is gone, crime, or the workhouse follow, and the first usually precedes the other. Statistics of many countries show that prostitutes up to the age of thirty become criminals in the proportion of about 80 per cent., and above the age of thirty about 7 per cent. And just as it seems to be in the case of the prostitutes, so it seems to be with women in general, criminality increases in women in proportion to the increase of civilization.

The question of sex and insanity is also interesting. More women become insane than men. The females preponderate in the different asylums. In most of the insane institutions we find a large number of females, and an even increasing accumulation, due to the lesser mortality. Women, as is well known, suffer less from fatal brain disease; they suffer less from paralytic dementia; less from apoplexy; less from hemiplegia, or many of the other forms of brain degeneration. Most of them sink into a quiet dementia, and in this state live a long time.

A very important factor in the production of crime is alimentation. Statistics show that with food at low prices crimes against property diminish at a remarkable rate, while those against person, such as rape, increase. With food prices very high crimes against property increase. In the great famines of different countries the crimes against property increased to a great rate, while those against person almost diminished to a minimum. Famine, as we all know, depresses sexual desires, while abundance stimulates them, and while the former incites crimes to satisfy alimentary necessities, when hunger is less keen, crime is less in proportion.

In conclusion let me state that most criminals in many of their characteristics closely resemble the insane, with whom they have very much in common in many ways. Criminals, as the insane, are dangerous to posterity,

as well as to the community at large, and their sequestration is an absolute necessity.

DISCUSSION.

Dr. J. C. Mitchell (Louisville, Ky,) : The study of mental diseases rapidly leads us from physics to metaphysics. To understand mental diseases we have to understand the constitution of man; to get that constitution of man we have to go into metaphysics or a cultism. Cultism tells us that man is a spirit, that he has a soul and uses many bodies. This physical body of ours is not the individual; that is merely the vehicle that we are using on this physical plane. We have an emotional body. By the use of our intelligence we dominate the passions—love, hatred, and so forth. Then we have a body that we use to think with. The savages have developed their physical body quite markedly, and they are developing the control of their minds a little today. The civilized people are developing the control of their mental bodies. Civilized people are trying to bring the powers of the mental plane down to the physical plane. The brain is the physical vehicle through which they express their mental powers. Now, a person who is normally developed does not injure his physical brain by putting into that body food that he should not take. He does not drink alcohol; he does not use tobacco; he uses very few of the animal bodies, meat, and so forth.

Dr. Adlerman tells us that after each war there is an increase in crime. It was noticed in this country after the Civil War that there was a marked increase in spiritualistic phenomena. It has been noticed by criminologists that after each local murder or hanging there is an increase in the particular crime for which the individual was killed. That is explained by the cultists by saying that the death or murder of the individual only destroys his physical body, and throws him all to the emotional plane, with all his wickedness, hatred and other emotions. He sees there is not much difference in his condition then, and while he was in his physical body. He sees someone here who is thinking along the same line, and he pours all his emotions into that man, and the man can not resist these emotions poured into him, so he commits the same kind of a crime. In this way many men have been thrown out of their physical bodies. There are many individuals who are still using their physical bodies to commit these crimes.

Dr. B. E. Dawson (Kansas City, Mo.) : I wish to emphasize a statement in the latter part of the doctor's paper on the sexual system producing insanity and criminality. If I were asked today what is it that dominates and controls and makes humanity what it is more than any other one factor, I would not answer that it is the home; I would not say it is the parental training; I would not say it is inheritance, nor prenatal influence, nor politics; but I would say it is the sexual system. The sexual system makes humanity largely what it is. It is the corner stone of the home, and yet it is allied with evil. It is the cord that binds the family together, and it is the great cable that pulls them apart. If we study metastases we will find we will learn a great many things that we never knew before. Let me say this: You never saw a great man or a woman with creative power, a great musician; a great painter; a writer of books; anyone who does creative work in any line, who was not strongly endowed sexually; the sexual system is the great manure heap. It can produce flowers and fruit that will please humanity; or, neglected, it can produce a crop of noxious weeds that will curse this world. But yet we lie to our children about sexual matters and they lie to their children; and so a vicious circle is kept up, and we allow them to learn these things from their vile companions.

Now about metastases. I had a case of a young man who came to me

who had his foot injured. His foot was sore for a good while, but finally it healed up; but about that time he went crazy. They sent him to an asylum, where he stayed for three months; at which time his mind had cleared up, but his foot got sore. He went home, and after a few months his foot got well, but he went crazy again. This was done three times; and, finally, by the use of orificial surgery, the foot got well and his mind remained clear.

Dr. W. E. Daniels (Madison, South Dakota): Dr. Adlerman, in your experience as a neurologist, do you find that mental degeneracy is on the rapid increase? I read in a newspaper not long ago the statement of a great neurologist that there is a great increase in mental degeneracy, and, unless there was a proper eugenic law put in force, there would be one mental degenerate in every nine within two centuries.

Dr. George C. Porter (Linton, Ind.): I appreciate what has been said, and especially what Dr. Dawson has said, and yet, after all, we all have to think about insanity and these nervous troubles and I can not help but feel that there is something that exists—a soul—beyond the time when this body lies down. I can not help but feel that there is a relation between the intelligence of this life and the life beyond. I can not help but feel that the conditions that produce insanity bear close relation to the higher agencies of life that shall go beyond the grave; and I can not help but feel that habit formation in this life is a thing of great importance, and that the fact that we are succeeding probably has a good deal to do with the fact as to whether we are sane or insane. I want to refer to a little experience I had in treating a case of epilepsy. I read at our state meeting in Indiana a paper along this line, and I shall refer to it at this time. I have a case of epilepsy that I have been treating for some time, and I have tried everything; I have removed all the local irritation, but still the man kept on having these attacks. I found he had formerly read and studied a great deal; but in the past years since he had had these attacks, he had not picked up a paper or talked to anyone or tried to use his mind in any way whatever. I got that man to studying and reading and thinking, and developing along the line of constantly guarding his own feelings; constantly looking out for the things that would throw him into these convulsions, and I have had a remarkable improvement. I can not help but feel that the development of that kind has had more to do with the improvement in that case than my removal of local conditions.

Dr. J. F. Cave (Kansas City, Mo.): Two months ago a little boy was down in my office, a little fellow about four years old, that could not talk and never had been able to talk. He had nocturnal epilepsy. I had them undress him, and, on examination, I found a long prepuce, a pair of bad tonsils, and worms. I took out the tonsils, circumcised him and used acacia bark for the worms. He did not wake up that day or night, or the next day until about three o'clock. There was a tendency to secretion in the thyroid gland. That has been three months ago; he now sleeps soundly; has not had a single spell, and is beginning to talk. I afterwards put him on the thymus gland treatment.

Dr. T. D Adlerman (Brooklyn, N. Y.): In answer to Dr. Mitchell I want to say that I am not a metaphysician nor a theosophist, but I do want to take exception when he says that meat plays such an important part in the production of insanity, and seems to think that if we were vegetarians we would have no insanity, because that is not true. There is only one form of insanity, and that is general paresis, in which meat plays a certain part in its production, and that is providing you combine meat with alcohol and then exercise your sexual function very frequently. In that form of in-

sanity meat does play some part, but in no other. If you will look through your statistics in regard to insanity you will find that we have quite a few vegetarians in the hospitals for the insane.

In regard to the statement that after a man is hung for a certain crime, that crime will increase, I wish to say that the crime does not increase because the man is hung. Whether you hang a man or send him to prison makes little difference. When a man is committed to trial it is taken up by all the papers in the country, and the children read full accounts of it and then we begin to read of someone doing the same thing. Hanging the criminal has nothing to do with the increase of crime. I am a humanitarian as much as Dr. Mitchell, but I still believe in capital punishment.

In regard to Dr. Dawson's remark: While the sexual system does play some part in the production of insanity and crime in certain well-defined cases, you can not state that the sexual system is the main or only thing in the production of crime. You must take into consideration your economic conditions in the production of crime. In some countries the sexual system has nothing to do with it, while in other countries sexuality plays an important part. Dr. Dawson says that every great man and woman are noted for their productive power. I can quote a great many great men and women who were noted for their productive power, but I can quote just as many who were not. Jean Jacques Rosseau is considered a great philosopher; but he was not a great man in this particular point, and other great men the same way. Dr. Daniels asked if there is an increased insanity, and I will have to answer that in the affirmative. It is a question of time when most men will be insane, more or less; and in conjunction with this I have made the claim that all of us are insane at certain times.

Dr. J. C. Mitchell: Is not insanity a relative term?

Dr. Adlerman: It is not with me.

Dr. J. C. Mitchell: In your present stage of evolution certain things are not seen. If you became clairvoyant and could see things in your present stage of memory you would think they were crazy.

Dr. Adlerman: No, I would not. What is insanity in one part of the country may be sanity in another part of the country. It depends upon your surroundings. There is such a thing as legal insanity and medical insanity, and that is where the rub comes in. A medical man will find a man insane, but the lawyers get hold of him and make him sane.

Dr. Porter states a case, and again I must take exception. In the first place, there is no such animal as habit epilepsy. I do not want to criticize Dr. Porter, but I must say that if he thinks this is a case of habit epilepsy, there is a mistake in diagnosis. I am not going to make a diagnosis of this case, but it seems to me it might have been a case of chorea, or it might have been a case of anemia. You can not produce epilepsy—you can stimulate it—but there are certain symptoms of epilepsy that must be present before you can describe it as such, and these symptoms you can not imagine. If Dr. Porter thinks he has cured this case, it proves it is not an epilepsy.

Dr. Porter: I did not say he was cured, I said he is showing a decided improvement.

Dr. Adlerman: If there was a pathological condition there you could not cure it by suggestion; so if the suggestion causes improvement it simply shows it was not epilepsy.

WHY IS THERE A "BLACK SHEEP" IN SOME FAMILIES?

B. E. Dawson, A.M., M.D., Kansas City, Mo.

Here is a family consisting of the parents and six children. They reside in a model home, well ventilated, with moral atmosphere and illuminated with religious light. The parents and five of the children are morally and religiously healthy and clean. Parental discipline and instruction have been lofty and wholesome. But one child is a "black sheep." Again, in the same home environments, two or more of the children may be "black sheep." The above picture is not infrequent, nor an exaggeration. From the mark upon Cain, in the primeval family, down to the present day, the pages of the world's history have been marred and saddened with Cains. How do we account for this phenomenon?

Almost since the dawn of philosophic mentality some have been teased to perplexity trying to comprehend the most incomprehensible of all beings—man. Eugenics, inheritance, prenatal influence, environment, discipline, coercion, preaching and praying have each and all been considered in an effort to solve the problem of the "black sheep," but the net result of all this work has given little beyond theory. The above factors must not be ignored; they are of vast importance, but every criminologist acknowledges their inadequacy.

I appreciate my position: I am in a field new to my audience; I present an innovation. Some may ridicule; some may condemn; but others will wish to hear more concerning this matter.

In order to make a clear presentation of what I offer you today it will be necessary to recall a little anatomy, refer slightly to physiology, take a peep at theory and practice and tread gently on the toes of surgery.

The construction of the two human nervous systems illustrates the universal principle of duality, which appears to exist in all created things. These two systems have been named the cerebrospinal and the sympathetic respectively. The study of their construction, separate function and mutual relations is necessary to a proper understanding of all bodily functions and activities, and is also of thrilling interest.

The cerebrospinal system is made up of the brain and spinal cord, with the nerves emanating therefrom. It supplies and dominates the voluntary muscles—the muscles attached to the bones. By its power the legs walk, the hands perform their cunning, and all volitions are executed. For the sake of perspicuity I will designate the cerebrospinal as the father of the household, and the sympathetic as the mother. He is the bread winner; is lord and boss, and, like some men, is sometimes unreasonable, disagreeable and tyrannical. He works by fits and starts; often more fits than starts. He gets tired, or plays lazy and rests a goodly part of the twenty-four hours. However, he is not equal to all the requirements of the body. He wakes in the morning; lays his plans for the campaign of the day; commands the activities of the body to his purposes as long as it will tolerate

his sovereignity; but endurance falters, and languor and fatigue demand a respite from the labors of the day, when he throws his wearied slave upon its nightly couch and suspends activities, until the other nervous system—the mother—has re-invigorated it for the employment of another day.

The cerebrospinal system is under the will power; has afferent and efferent nerves. If a finger or any tissue supplied by this system is impinged, stung or burned the message is instantly sent over the afferent, or sensory nerve to the central station with this information. Another message is at once returned over the efferent or motor nerve, commanding prompt retreat from the seat of war. This is all done quicker than thought. Pathology in tissues dominated by this nervous system is manifested by pain.

The sympathetic nervous system, like the cerebrospinal, has an individuality of its own, and is a complete organization in itself. The bodily wants of renewal and burial, of growth and repair, would be sadly neglected were it not for this faithful mother, who works unceasingly during the entire period of life. While the father sleeps, even under an anesthetic, she is mending and patching, and soothing and healing. It consists of two chains of ganglia, lying parallel, in front of the spinal column and extending from the base of the cranium to the coccyx; also the abdominal and pelvic brains, commonly known as the solar and hypogastric plexuses. These brains have afferent and efferent nerves; receive and give out messages. This system of nerves supplies and controls involuntary muscles. All tubes of the body are supplied with a coat of involuntary muscle. All bodily commerce is carried on through tubes. We sweat through tubes; the saliva flows through tubes; the blood circulates through tubes; the lungs, liver, kidneys, pancreas and sexual organs are made up of tubes. We were begotten, nourished and born through tubes.

I have great respect for this mother of the household for her intelligence. She does things beyond the ken and cunning of man. Man may make a qualitative and quantitative analysis of a liver, bone or muscle, but he can not build either. This mother of the household makes blood from bread and meat, and from the blood builds liver, bone and muscle. She performs the vital functions which are independent of mind. She concerns herself with the life of the viscera and presides over the visceral economy, dominates secretion, absorption, peristalsis, nutrition, ovulation, gestation, etc. Pathology in tissues supplied by the sympathetic nerves is manifested by disordered function. This system dominates all the processes of body building and body repair. It also endows consciousness with emotions, desires, impulses, appetites and every other form of the in-dwelling "I want." Whether we are asleep or awake; whether we are busy or idle; it controls the movements of all our supply trains and all our funeral trains; in other words, it dominates all tubular activity.

There is one, and only one exception to the above statement. There are some family affairs so important, so sacred that their attention imperatively demands the united efforts of father and mother. Only one set of tubes evokes the domination of both nervous systems—the tubes through

which the blood circulates. These tubes are operated by the vasomotor system, which is formed by the combination of the cerebrospinal and sympathetic nerves. The blood stream is of vast importance in all vital activities. It spreads the tables of life for all the tissues of the body, removes the scraps and takes away the dish water. All growth, repairs and cures are made, and life sustained by the blood stream. It sends supply trains and brings away garbage carts; through this channel barges filled with new life arrive and funeral trains depart. An increased blood supply to any organ will invite functional activity in that organ. There is no exception to this order of things. An increased supply of blood to the salivary glands means an increased flow of saliva into the mouth; if the peptic glands, it means a flood of gastric juice; if to the liver, a flow of bile is the result; if to the kidneys, the output of urine is more profuse; if to the sexual organs, an impulse to functionate becomes apparent. This is true of all the organs.

When we view this marvelous work of the blood stream it is very obvious why our Creator placed both nervous systems in control of this set of tubes. They lock arms and twine around these tubes like a vine around a tree. By this wonderful combination the blood supply of any part of the body can be influenced by either objective or subjective impulses. Any organ in the body can be flooded with blood in either of two ways: By impulses from within, or by various forms of irritation from without. To illustrate: A grain of sand in the eye will, as an external irritant, cause the tears to trickle down the face and into the nose; deep grief or joy, that touches the vibrant cords of the soul, will produce the same result. A dose of mustard or the finger in the throat will cause emesis, from irritation. Seeing or thinking of some nauseating substance may also empty the stomach. The sexual organs are no exception, responding to irritation from without or impulses from within. Whenever an organ becomes self-conscious its increased activity must be due to one of two causes; it is unduly flooded with blood by internal emotions, or nagged by external irritation. What would you think of a parent or teacher who would punish a child for crying from a cinder in the eye? Do you believe it possible to educate a child to sit at ease on the point of a tack, or be quiet and attentive to his lessons with ants crawling under his clothing? All organs of the body are entitled to fair consideration and common sense. Listen to this statement, which I wish to emphasize with all the earnestness of my soul: A child, under the age of puberty, who masturbates (unless he has been taught it by vile companions), does so from external irritation, and not from internal impulses. This practice is not uncommon in children less than two years of age. The parent or teacher can control impulses, but a doctor is needed to remove external irritation, allay irritability and pave the way for the educational process. Suppression is not a cure. Morbid propensities, if induced by some form of external irritation, are only obscured by a veneering of good manners; the eruption will appear in objective expression when the opportunity is ripe.

We are now ready to state a few more facts, which will give us a view of this great question from another angle. Irritation of cerebrospinal nerve

terminals finds expression in some form of pain or pleasure. Irritation of sympathetic nerve terminals evokes auto-suggestion, which gives birth to all irregular impulses, functional disturbances and disordered appetite. Erratic disease-breeding spontaneities are not corrected by rules of conduct, preaching or punishment. All spontaneities, such as fear, hatred, jealousy, anxiety, etc., spring into consciousness by way of the sympathetic nerve. The inborn tendencies and profound temptations of life can not be eradicated by educational processes alone.

All the lower openings of the body are richly supplied with sympathetic nerve terminals. These all come from the same pencil of nerves. Irritation here, even of a single fine nerve terminal, sends up a constant cry as a message of distress. This by constant repetition may become distorted. Traveling along the line of least resistance it reaches any or all of the organs, however remote from the seat of irritation. This distorted message may cause over, under, or disproportionate action in these organs. In view of these well known anatomical and physiological facts and deductions worked out by the law of reflexes, we may readily see how disastrous reflexes can be shut off and the norm restored, by removing the source of irritation. Through the lower openings of the body we can appeal to the sympathetic nerve, improving the function of every organ in the body and stop the dire results of sympathetic nerve waste.

In mumps the disease sometimes leaves the upper glands and goes to the glands of the sexual system. When eczema is suppressed by some external application, it is followed by some affection of the mucous membrane. If one step on a rusty nail the injury may be telegraphed to the brain centers connected with the proximal end of the injured nerve, and lockjaw is liable to follow. These are examples of what we call metastasis, and are of frequent occurrence. Metastasis may take place from a nerve terminal to a nerve center; from a nerve center to a nerve terminal; from the physical to the mental, or moral and back again. Much of the mental and moral crookedness may be explained on this basis. In every sexual pervert, moral degenerate or mental defective there can be found impingement of the sympathetic nerve terminals, causing nerve waste.

We have our children examined for defects in the upper orifices, heart and lungs, which is commendable, but fail to lift the fig leaf from the festering sore, which is often there. The Metta Zook scandal, which was aired so conspicuously in the papers, could have been avoided had those young people received the proper attention.

It may not be generally known that self-abuse is not uncommonly practiced among girls, and this tendency is frequently manifested in the tender years in babyhood and early childhood, before it is possible for internal emotions to awaken sexual activity. Last year the *Medical Council* of Philadelphia, which has 30,000 subscribers, published an article of mine on "The Circumcision of Females." I was astonished at the interest it elicited from the medical profession, and the want of knowledge manifested

therein. I was almost snowed under with letters from physicians from various parts of the United States asking for further information.

Some time since a widow brought her seventeen-year-old daughter to me for treatment. Her symptoms pointed to sexual irritation. Examination revealed the imperative need of this work. Upon the insistence of the girl's parental relatives she was taken to two different prominent surgeons of my city, who declared they saw nothing to indicate any surgical procedure. She was a bright, beautiful girl; extremely nervous; almost continuously crying. This girl will probably do one of three things: Have this constantly nagging irritation of the sexual organs relieved, go to the streets, or the insane asylum.

Dr. Elizabeth Muncie, of Brooklyn, who, by this work, has redeemed many sexual perverts and moral degenerates where the juvenile courts and reformatories failed, and is lecturing under the auspices of the New York State Board of Health, told me that after a lecture to an audience of two thousand women and girls, one hundred girls came to her privately and confessed their need of this work.

A widow, twenty-nine years of age, good looking, with beautiful form, heard of this work and came to me for relief. With choking sobs she confessed her downfall; said she was making dates with men and could not help it. A slight operation in the office with a local anesthetic drove the demons of lust from this woman, transforming her sensuality into a healthy sexuality. A widow of forty-six, who had read some literature on this subject, came to me in deep embarrasment and mortification, heavily veiled, handed me the article with a request to read it and know her trouble. She had told her mother, when a little child, of this burning sexual passion, and was ordered to never mention the subject again. For forty years the surging volcano had been smothered by a strong will power. Words were inadequate to express her gratitude when she gained her freedom by a few minutes' work in the office.

A young man, who was the "black sheep" in a most excellent family, was kicked out of the home, with orders never to return. In a short time he was brought into court for forgery. The judge was informed of this method of cure, and permitted the surgeon to take him in charge. Today he is in business with his brother, and for several years has been a respected and honored citizen. Three years ago, two boys and a girl were arrested for crime and brought before Judge Bridgeman, of Benton Harbor, Mich. Dr. E. H. Pratt, of Chicago, was requested to go before the court and make a plea in their behalf. The argument was hot and spirited for two hours, when the judge yielded and sentenced them to the hospital. The sheriff, who heard the argument, took his own children to the hospital and had this work done as a preventive. Last September Judge Bridgeman attended the annual meeting of the American Association of Orificial Surgeons, of which I was President. I talked to him in my private committee room. He impressed me as a great man. His wife is dead, his head is gray, his face illumed with the light of experience and honor. He was so well pleased with the

results of his experiment that he says he will never send another prisoner to a State prison without giving him a chance to be examined to see if he is punishing a sick man. At an open session of this annual meeting of the association Judge Richard E. Burke, Chief Justice of the Criminal Court of Cook County, was present. After listening to many statements concerning this phase of the work, I, as presiding officer, invited Judge Burke to address the audience. His open-minded attitude was shown by offering the association an opportunity to examine and treat four prisoners, selected by a committee. This purpose was, however, thwarted by the decision of another Chicago judge.

If physicians could be made to realize the disastrous reflexes and metastases emanating from pathological conditions in the pelvic organs they would cease to look only in the cranial brain for the cause and cure of these "black sheep." When parents, teachers, judges and doctors come to a realization of the potency of the sexual system as a creative force we will have taken a long stride toward the solution of this problem. Every inventor, every artist, every poet, every musician; men who do creative work (not imitators), in any walk of life, are strongly endowed sexually. Ministers who preach great original sermons belong to this class. The sexual system is a manure heap; sown in sensuality, it produces a crop of lethal weeds. This same soil may bring luscious fruit or the most beautiful lily. Whenever you produce a great original thought its birth detracted from your sexual propensities. This may be observed after the birth of a great sermon. Furthermore, you will feel a motherly love for that sermon, book, painting, poem or inventioin as one of your children, which it is. Many individuals, profligate of this creative force, wallowing in the filth of sensuality, could become great in the world's eye if this rich soil were properly cultivated.

Since beginning this paper I was called to Chicago in consultation with another surgeon. Our patient, a young woman from Wisconsin, aged twenty-five. She is highly endowed, well educated, understands several languages, is a good musician, has a good business education, excellent initiative, but she is a leper—a sexual pervert. Her written confession is stranger than any fiction I ever read. It makes one's blood boil with indignation, cheeks flame with shame, and heart throb with pity. I verily believe the work she receives will lift her from this slough of corruption. Her endowments are similar to Sarah Bernhardt.

If a child is color-blind we pity him and ask if there is not some remedy. If he is truth-blind we call him a liar, and wish to punish him. The time will come when we will send the morally sick to the hospital to be cured instead of the prison to be punished. So mote it be.

MALARIA—ITS TREATMENT.

Ben L. Simmons, M.D., Granville, Tenn.

Malaria is one of the earliest known diseases to the profession. Centuries ago the Danubian Swamps of the city of Rome and Palatine Marshes afforded numerous cases. It is claimed that malaria is inactive at a temperature below 65° F. That statement, while honestly announced and generally accepted so far as the writer knows, has many exceptions.

Waiving a discussion of the etiological factors of this malady and the various classifications for historic study, it is deemed best for the purpose of this paper to enter into the treatment of simple intermittent fever. Other forms of the disease and their treatment shall follow in succeeding issues of this magazine.

Taking it as a matter of fact that the diagnosis of a simple case of intermittent fever is familiar to every physician let it be supposed that the physician is called to a case during the so-called "cold stage." The patient expects assistance; the family and friends expect it, and they must not be disappointed. Now, the method of procedure may differ with doctors, and such do differ, but the one herein announced is a safe one and does not often disappoint. First, he directs from the fraction of a drop to a drop of specific gelsemium administered every half to one hour, according to the case. Hot water bags, in their absence jugs of hot water, are directed applied to the feet, knees, "small of back," and stomach, the patient being snugly covered in bed. Hot water as a beverage is directed given abundantly. This stage being thus taken care of the attention is directed to the succeeding stage or "hot stage."

For this stage the following is prepared and directed given as follows: ℞ Specific medicine aconite, gtts v; specific medicine macrotys, gtts, xxx; specific medicine gelsemium, specific medicine asclepias, aa, ʒ j; potassium acetate, ʒ j; mint water, q.s., ʒ iv. Sig.: Shake and give a teaspoonful every hour until the fever has subsided and the "sweating stage," the real eliminative stage, is fully established, when it may be given each one and one-half to two hours. This mixture, while calmative during the fastigium, assists nature in its effort to annihilate its plasmodial foe by impelling greater elimination through the skin and kidneys.

The sweating or eliminative stage being fully under way a single dose of quinine (5 to 10 grains) is administered. Also, an additional quantity of quinine (20 to 40 grains), divided into three powders, is directed administered two hours apart so that the last powder may come an hour before the expected attack of chill. Should a second attack manifest itself the same line of treatment is adhered to or followed.

The preceding treatment does not take into account some incidental conditions that may require adjustment. For instance, there is the patient who can not use quinine with impunity. Sometimes the smallest dose produces cinchonism. The hunting out a reason why quinine thus affects this

particular patient does no good so far as the necessity of treatment is concerned. The fact exists and the patient can not help the situation. If, therefore, an acid solution of quinine or its administration with an acid fails to prevent cinchonism, other remedies must be studied, as prussiate of iron, ptelia, euonymus, etc.

Sometimes gastric symptoms, as nausea and vomiting, and these may be stubborn. which must be removed with indicated agents before the treatment looking to the arrest of the disease is administered.

Occasionally an attack is accompanied or followed by a diarrhea, associated with a muddy skin and dirty tongue. In this case the writer has invariably had good results from the administration of alstonia constricta, the powdered bark. It often occurs that persistent constipation is present. If so, the use of our old antibilious powder is generally sufficient. Again, a case is seen in which the tongue is full and coated brown; the appetite is facetious or absent; and the superficial veins are deep purple. In this case the following is most always used: ℞ Leptandrin, grs. ij; prussiate of iron, grs. iij; quinine sulphate, grs. v. Ft. pwd. i. Sig.: Give as directed above for quinine.

The fever having been arrested there is not yet completed the work, since the return of the disease is very likely. To prevent this it is important to continue the antiperiodic in a good-sized dose for seven or eight days after the last chill and the each seventh to eighth day until twenty-eight days have passed since the chill. In addition a general tonic as ptelia and euonymus combined or some mineral tonic, according to the case, should be continued for eight to ten days after the chill. Should the conditions of the case demand, the use of such might be prolonged.

It should not be forgotten that alkaline baths are just as necessary in the treatment of this lesion as in other fevers. Cleanliness here is just as important. Neither should the patient be allowed to eat excessively. His diet should be limited. Fresh air should not be overlooked either.

(To be continued.)

HYPERTROPHY OF TURBINATED BODIES.

C. M. Neldon, M.D., Coshocton, Ohio.

Hypertrophy of the turbinated bones in this climate is common. Septal deformity is one of the chief causes.

The anterior portion of the septum is most often affected by spurs or curvature, sufficient to press against the inferior turbinate, thereby interfering with free drainage and ventilation of the nose. With this obstruction present the patient does not breathe clearly through the nose and with the diaphragm acting as a piston valve in a syringe the air in the post-nasal cavity is rarefied. This negative pressure causes the vascular tissue of the turbinate bones to fill with blood and cause further irritation by constant pressure against the lateral wall and septum. Adenoid growths in the post-nasal pharynx by occlusion of the posterior nares causes nature to step in

and try to help close the cavity not in use by hypertrophied turbinal tissue and partly by the drawing in of the alæ of the nose. Irritating dust and vapors by their irritating effect on the mucous membranes cause an abnormal amount of secretion of mucus, allowing more blood to flow to the mucous tissue on the turbinates and giving it an over amount of nutrition. These hypertrophied conditions vary in structure.

In hyperplasia there is a thickening of the mucous membrane by an increase in the number of cells, from slight and prolonged irritation by the secretion from the sinuses. In the middle turbinate the mucous membrane may be edematous from pressure, or the middle turbinal bone itself may have developed into a wide expanded shell formation containing a large cell in the center. Any one of these conditions causing a pressure on the uncinate process and bulba ethmoidalis sufficient to close the infundibulum, preventing drainage from the frontal, anterior, ethmoidal and maxillary sinuses. The patient experiences months of dull aches and pains over these regions. At times the pain becomes agonizing and severe, and all the time he complains of a "stuffed up" feeling in the nose and breathing through the nostrils is difficult.

The inferior turbinate does not cause as much trouble as the middle. When it touches the floor of the nares and will not shrink under treatment just the lower edge of the bone should be removed. To take off just the thickened membrane on the lower border only aggravates the trouble, as it is replaced very rapidly.

Simple hypertrophy of the inferior turbinate many times will resume its normal size and position if the middle turbinate, which is exerting pressure on it, is removed.

SOME PATHOLOGICAL CONDITIONS.

C. D. Kirk, M.D., Shuqualak, Miss.

Here is a case which is a combination of fullness, laziness—too easy—everything needs stimulating, fullness of tissue, and altogether he is a bad fit. When he protrudes his tongue it fills his mouth and is full or thick. This is a condition of atony and needs the bitter tonics and alteratives, such as hydrastis, berberis, euonymus, alnus sub., podophyllum, etc., given alone or in combination as indicated. I prefer it in quantities by percolation. If the tongue is any shade of white acetate of potash is given in combination, or if the tongue is light-gray or lead color iodide of potash should be given, but the broad, full, red tongue of atony is relieved with creosote, especially if there is nausea. I prefer the old way of prescribing the latter remedy, with a solution of acacia. Of course, other remedies should be added as indicated.

Here is a case almost the opposite to the case of atony. There is contracted features; the skin seems to be too large for the individual and therefore it gives him a pinched appearance. The tongue is contracted and the man is very much on the p's and q's—high strung. This is a condition of ex-

citation and the remedies for relief do not suit the case of atony, for they must partake more or less of the anodyne and sedative medicine. I have found from long experience that a combination of anodynes and sedatives with minute doses of stimulants, such as are plainly indicated, are curative. These cases very often have the contracted, yellowish-white coated tongue, and one-seventieth of a grain of podophyllin with the other remedies seems to give best results, as a handy combination that will fit nine-tenths of the cases of excitation. I have tablets made of bismuth subnit., pulv. asafetida, hyoscyamus, with the minute dose of podophyllin, and about two-thirds of a drop of Lloyd's nux vomica. If the tongue is red a pleasant sour drink of hydrochloric acid before eating will greatly assist the other remedies, as it supplies the acid that is deficient in the secretions.

We often find a case that is very much "out of sorts," but no disease in particular. He is weak and not disposed to exert himself, perhaps some fugitive pains, but cannot class him with either of the above cases, and the only marked indication for remedies is a tongue coated with a thick white coat and the tissues partake of pallor. This represents a case in which the alkalines are deficient, or the acids predominate, and therefore alkalines are the remedies in the form of soda water, made pleasant to drink by adding simple bicarbonate of soda to the drinking water; but, if it is a part of an acute attack the soda should be given often, and the case with an excess of alkalies must be neutralized by the exhibition of acids.

Of course, as the above is only a consideration of certain diseased conditions their removal may only pave the way for other indicated remedies, but should it be a pneumonia or a typhoid fever we will very certainly not go off with flying colors until we have removed to a great extent the diseased conditions. The latter disease, typhoid fever, may give time for nature to come to our rescue, but pneumonia will invariably prove fatal unless the doctor is able to detect these conditions and remove them.

The writer has had almost a phenomenal success in treating the above diseases, as well as others, and he attributes his success very largely to the fact that he has been able to detect any of these pathological conditions and complications. This season I have had my share of typhoid fever, and in nearly every case there was an intermission of fever in from six to ten days. How does this compare with the old guesswork system of fever from thirty to sixty days? I recognize the indications for remedies.

SURGERY IN THE HOME.

E. G. Sharp, M.D., Guthrie, Okla.

The discussion of this subject before our National body may and probably does seem commonplace to those present at this meeting, a majority of whom, if not interested in, or on the staff of a hospital in their own town, are at least patrons of one and do not consider the necessity of surgery in the home. But to many of our physicians the country over, in the smaller

towns and rural communities it presents a different significance, and I might here suggest that where a properly conducted hospital is accessible I advise against any major surgery in the home.

However, with many of our physicians the nearest hospital is miles away, and conditions in many cases when the doctor first sees the case are such that removal to a distant hospital is out of the question; yet, he may recognize that emergency operation is imperative, and, in those cases, as well as in others which might be mentioned, surgical procedure in the home is necessary and justifiable and the physician owes it to the patient and himself to make the best of the situation and associating with himself a competent surgeon, a trained nurse and additional needed help proceed to do in the home what he would do or have done in the hospital in a similar case.

True, this has its disadvantages, and the average physician prefers to do things in the easiest way, but I venture to say that some as surprising results as any hospital records will show have occurred from surgery done in the home, and sometimes under what seemed very unfavorable and unsanitary conditions.

Having for the first ten years of my work practiced medicine where the nearest hospital was over one hundred miles distant I had no other alternative than to do the necessary surgical work in the home, or not do it, and I had ample opportunity to observe results, which, I must say, in many instances, were as satisfactory to the patient and myself as they could have been in the best equipped modern hospital.

Practically all our hospitals will supply complete surgical packs for a major surgical case on demand and frequently when called a long distance for emergency, with a trained nurse, a sterile surgical pack and previously sterilized surgical instruments enclosed in sterile pack. I have at long distances from hospitals gone into the home, and with the assistance of the local physician and nurse improvised an operating room from one of the rooms of the home by having all furniture except bed, chair and table, and improvised operating table removed from the room. The room gone over with bichloride solution and proceeded to do any major work that I would do in the hospital and with uniformly good results, and a smaller per cent. of infections than hospital records usually show. This result I ascribe to the fact that in the sparsely populated sections of the country there are not present the pathogenic bacteria that are apt to be ever-present in our hospitals.

I here wish to re-emphasize the statement that I do not advise surgery to be done in the home where a hospital is accessible, and I wish to emphasize the statement that the object of this paper is to encourage the country physician—and by that I mean all physicians who practice medicine in the smaller towns and rural communities—to do, or have surgical work done in the home when it is necessary, instead of trying to treat as medical cases—and frequently to his own detriment in the loss of the patient—cases which from their very nature are purely surgical and I urge that he treat them as surgical cases, and have the work done promptly to save the life of the patient, even though it have to be done in the home.

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A FOREWORD.

The National Eclectic Medical Association has just passed the forty-seventh milestone of its existence, and the annual meeting was a fitting celebration and reunion for the occasion. All who attended the meeting in Nashville came away feeling that they were well repaid for the time and money the trip cost. Our meeting was well attended and a success from the moment of opening. The addresses were of unusual interest and were given the close attention, which was at the same time complimentary to those who spoke and a manifestation of the interest in them. The entertainment was royal and strikingly exemplified the hospitality for which our Southern brethren are noted. We shall ever have pleasing recollections of the many interesting and instructive features of our Nashville meeting.

As pleasant as it is we can not live in the past. The future calls for further effort, for plans and executive activity. The many successes of the past are the best stimulants and offer the greatest incentive to more and better work. A simple and casual review of the accomplishments of our system of medicine fills us with justifiable pride, but to be fully worthy of the past and to faithfully develop the talent given into our hands requires continued and never ending work that our progress may make our system worthy of further acceptance and our principles more universally adopted.

To this end then shall we bend all our efforts in the future. Let us now make a beginning for the Detroit meeting. Upon the co-operation of all depends our success. Each must do his "bit," else it would be like always having the other man go to war to fight the battles of humanity for us. Since the Eclectics are by no manner of means "slackers" when it comes to a consideration of business and successful practice of medicine we would

like to feel that they would take enough interest in their own societies to make the effort to attend. Dollars are, indeed, necessary for the current expenses and dues must, for this reason, be paid; but a cold dollar is cold comfort when not backed by the presence of the donor or his good will expressed in a good letter, a well prepared essay, or, best of all these, with attendance at the meetings.

This year there will be an opportunity for all to prepare something for the success of the meeting. We desire every member who has something of interest, some live question to discuss, or some method of success, or new use for a remedy, or a new remedy for some disease heretofore not so successfully treated to put his ideas in proper form and come to the meeting that all may have the benefit thereof. If you are not solicited for an essay, write it any way, and it will have due notice in the program and a chance for the essayist to be heard if he attends.

We all expect to be unsually busy this year because the government will call many physicians to the army, but it is the busy man who does things; it is he who takes time to inform himself of the opinion of others and keep abreast of the progress of the times. So we should not feel that any loss of interest, any noticeable lack of attendance, will result on account of the existence of war. In truth the very fact of the war should be a reminder to all of the duties and loyalty to our standards and our needs. When we are well organized we better serve our own interests; we are prepared to co-operate with the great efforts of every kind which will become more and more necessary as our army develops, and as we take our place by the side of our allies.

So this year not only affords real opportunities for support of the government, but it calls for prompt, unselfish and almost unlimited support to every good cause, and while our men are responding to the call of the President of the United States, let those who can not go, those who are not within the age limit, those who must be the "Home Guards," remember that in organization only have we hope of accomplishments worthy of our cause.

Since conservation will be the order of the day, since the resources of all will be taxed, our time likewise becomes more valuable and the means at hand to be of greatest use must be carefully expended. This will not be the least of the reasons for requesting that all make manly efforts to reply promptly to all letters of inquiry and mutual interest that we may conduct our business with dispatch and accomplish the most possible for all with the best reports at the end of the fiscal year.

Wm. P. Best, M.D., *President.*

BUSINESS ACUMEN.

Tradesmen of every description agree it pays to advertise. A glance at any Sunday edition of a city paper evidences the value placed by tradesmen upon the discriminating use of printer's ink and their art. Certain mem-

bers of the regular medical profession have made a discreet use of the printer's art. The various non-medical sects have long realized its value and make common use of the pages of the press to keep themselves before the public. A neat and bold effort along this line appears as an editorial in *The Cincinnati Commercial Tribune,* August 1, to which we wish to call attention.

I have always presumed the editorial columns were used by the editor to discuss facts in an open method devoid of politics or partisanship. I am coming to the conclusion that the editorials are at times inspired and paid for. Elsewhere I have called attention to an editorial that judging from its statistics and hackneyed arguments was a paid article.

The present one takes advantage of the demand for physicians to press the claims of the Osteopathic school. It is a clever piece of literary work, were not its arguments so tragic and from statistics reported by the government misleading.

It says that in "one retreat of the allies, 267 doctors were killed in an hour and in a single battle 400 were put out of service." This is quoted from Dr. Franklin H. Martin, Chairman of the Medical Section of the Council of National Defense. If Dr. Martin is quoted correctly he is using very poor methods to induce physicians to offer their service.

Let us see how the figures compare. Contrast these figures with the London letter in the *Journal of the American Medical Association,* July 21, 1917, page 222: "According to the latest returns the number of medical officers killed in action since the commencement of war is 137; 58 have died from wounds, and 62 from disease, and 707 have been wounded. The total of all those figures is 964. The statistics as given by Colonel T. H. Goodwin of the British Army Medical Service as cabled from the British War Office differs slightly. Killed on the Western front since the beginning of the war to June 23, 195; wounded, 707; died of diseases, 62. The total number of casualties on the Western front since the beginning was 902." This is up to June 25, and means three years' service. How does this compare with 267 in one action?

The article is certainly an astute piece of advertising for the claims of the cult. We would call it sharp were it not dealing with so tragic a subject.

War is "Hell," according to General Sherman. This one is worse than Inferno dare be; then why make use of misstatements to bolster one's beliefs or advance one's private views?

Heaven knows, we who have given our all to our country have enough to bear from the statement of facts, from a dilatory Congress, from men who can do nothing without it inuring to their benefit in a political way. Why not stop playing politics and arise to the occasion? Why not stop endeavoring to turn the country's misfortune to individual aggrandizement and help meet the conditions confronting us? With the constant play of party politics, the food shark, the gamble in foods and inefficient Congress, the country has sufficient burdens to bear without a gross misstatement of facts. This editorial is sharp, but not honest advertising.

Patriotism, as I understand it, demands self-sacrifice, self-abasement and departmental efficiency. The country must have these in order to have efficiency and the best efforts of the people. Are we having it? Answer the question in accordance with your own observations. I have my own opinion based upon personal observation. M.

"A DOCTOR NEEDED IN THE CABINET."

Such is the title of a forceful and truthful editorial in the *New York Medical Journal* for July 7, 1917. With its contents we fully agree, but we do not agree with the remedy.

Just as soon as a Department of Health is established with its head a member of the Cabinet, just so soon will the Army and Navy Medical Corps and the United States Public Health Service be made tools for the payment of political debts or promises, and its efficiency sacrificed to the game of politics, with all the shortcomings which this term implies.

Only today—July 12—the charge is openly made in the Senate that the game of politics is being played in the personnel of the new army. Personally, we trust the charge is not true, but unfortunately we know it has been used in our own State.

Just as soon as the medical departments are placed in charge of one whose official life depends upon the success of his political party, just so soon will their efficiency be impaired. It is thus in the other departments, not even excepting the Army and Navy, whose heads are picked from civilian life, a gift for political activity or favors. No doubt, the writer of the editorial in question can recall more than one instance in both arms of the service where promotions were due to political pull, not merit or service.

There are many reasons why physicians are not responding to the call. No doubt, the same reasons which are keeping civilians from responding. Shall I say, it is the fear of the game of politics? If I did it would be but the truth. Men do not know yet what is wanted, nor what to expect from the government. It seems the government does not know itself. Congress today is in the throes of a discussion, each member with his own solution. Let our government come to some definite solution and the response will be quick enough. My faith in the American people is unbounded, but it is not so with partisan politics and unfortunately that is the spectacle presented to us by Congress. Once the uncertainty is removed physicians and civilians will respond to the call. Again, there are already too many boards and too many councils. Responsibility is too much divided. They clash with each other. Concentrate these wasted energies and more would be accomplished. The Mexican affair and the present situation reveal too plainly the mistakes and errors resulting from the play of politics.

Rather than place these branches under the tender mercy of partisan politicians remove them further from them. Enlarge their powers; make the head personally responsible for the effectiveness of his arm of service

and once convince the young physician, willing to enter the service, that his promotion is actually dependent on ability and worth, not on the whims of political demagogues, the service will be filled.

The emoluments for medical officers are not commensurate with the character of work required nor for the preparation demanded. The preparatory and medical education of one desiring to enter either branch of the medical service is of the highest order. As a rule, those mentally equipped as the government requires can do much better in civil life. Promotions come slow, save only to him who has pull; hence, unfortunately, the service is not as attractive as it should be. True, a living is assured, but the emoluments are small and the service not as attractive to ambitious young men, who desire to enter into the turmoil, activity and struggle of life; especially is this true in times of peace.

Again, once let the government find itself and the response will be quick. The medical service is no more lacking than is every other service. The people are not responding. Either they are not awake or are unsympathetic. Is it because candor and confidence are lacking between our executive and legislative branches of the government and the people? The government has not kept faith with the enlisted men. Young men enlisted in May have not been paid a cent, and it is now the middle of July. M.

A COMPROMISE WITH EVIL.

Under the caption, "A Lively Time in Congress," *The Cincinnati Commercial Tribune* of July 10 quotes freely from an address of Congressman Meeker of Missouri. Reading the address carefully or rather that portion quoted by the paper in its editorial, it is an easy task to guess from whence came the facts given. It takes no stretch of the imagination for one who has received pamphlets from "The Liberty League," "The Business Men's Association," "The German-American Alliance" on the prohibition question to guess its source. The covert attack upon the Anti-saloon League, upon John D. Rockefeller evidences only too forcibly the source of the information said to have been furnished by the speaker to the government and covering twenty-six pages of the Congressional Record. His attack upon the alcoholic contents of medicine again evidences the fact that he has not taken time for investigation, but simply become the mouthpiece of the liquor forces. His array of figures again evidences he has taken no time to digest his subject. There is no establishment in the United States to manufacture alcoholic medicine. It would be a rash man, indeed, who would claim that Parke, Davis & Co., Eli Lilley & Co., Mulfords, Squibbs, Merrill or Lloyds are capitalized to manufacture alcoholic medicines. Yet these are but a few of the houses engaged in the drug business.

No man denies or doubts for one minute that a large amount of alcohol is used in the manufacture of drugs, but it is a wonderful stretch of the imagination, or distortion of facts to even hint that these would supply the place of whisky as a beverage. Specific phytolacca and echinacea con-

tain 69 per cent. absolute alcohol, yet no one would for a moment think that a toper would drink these were he shut off from whisky.

Alcohol enters into the manufacture of all fluid extracts. Used for the purpose of extracting the active principles of the plants and holding them in solution. It is folly to think of any man using them as a beverage. The use of patent or proprietary medicines as a substitute for alcoholic stimulants is limited and a far-fetched argument, used to bolster up a bad cause and to throw dust in the eyes of the voter.

The speaker says: "We are passing through an era of the combination of religious fanaticism, public grievance and commercial corruption." Let us grant that this be true, but why did he not add "political corruption?" The graft and corruption prevailing in our political life is a veritable stench in the nostrils of all decent, well meaning men. So vile is it that clean men dread to enter into our political life.

The last presidential election and the indictments following it; the recent indictments in Indiana; the episode in Nashville; the only too recent evidences in Ohio, and the present exhibition in Washington are sad commentaries on the efficiency of our legislators.

The entire editorial is buncombe, and to my estimation its source is only too plain. There can be no compromise with evil. The revenue derived is but a small pittance in comparison with the expenditures necessitated in caring for the victims of its influence. Public prisons, alms houses, insane asylums are only a small part when compared to the misery, poverty and sickness caused by its use. Our nation, states and philanthropic associations are expending thousands of dollars to eradicate tuberculosis, social diseases, etc., and yet they license and permit the most potent influence in their cause to exist.

The United States Public Health Service, in their survey of tuberculosis, claims that poverty, sanitation and housing are the principal factors to be considered in their eradication. Where are the conditions to be remedied usually found and what is the social status of the people occupying them? What is the use of continually expending money to overcome the results of an evil unless we destroy its well known source or tap root?

We often wonder how long men elected to guard our interests will continue to lend themselves to the interests of the plutocrats and the detriment of the masses. Only today, as I read the daily paper, I note ugly charges of partisanship is made in the Senate. Unfortunately, I know it contains some truth. Yet is it not a shame that men elected to represent the people, to legislate for the nation in these critical times, will ask us for our children, money and sympathy and then waste time and money in sparring for political advantage, playing to the passions and prejudices of classes for votes and favors, instead of arising to the occasion, as they ask the people to do?

I am fully aware this is not medicine, but there are times when we should cease talking trade and enter into a discussion of those things that tend to elevate man morally, physically, socially and mentally. As I grow older I see so much corruption, greed, selfishness and gross partisanship in civic

and political life it makes my blood boil. Men elected to legislate for the elevation and happiness of the people, appealing to the baser passions of men for political purposes. Rather than compromise with evil or sell my birthright I would gladly be relegated to private life. "Ye can not serve both God and Mammon." M.

NEWS AND NOTES.

Alaska.

At the recent session of the territorial legislature of Alaska the medical practice law heretofore in effect was repealed and a new law enacted. The new law provides that examinations be held in March and September each year. Members of the board are appointed for a term of four years. The definition of the practice of medicine has been made more comprehensive. The clause exempting Osteopaths from the provisions of the act was cut out. The board was given authority to revoke licenses for unprofessional conduct. The requirements of preliminary education are to be those held by the Association of American Medical Colleges at the time the candidate graduated. This means that at present a four-year high school education is required. After January 1, 1918, applicants must show that before beginning the study of medicine they completed, in addition, one year of college work, including courses in physics, chemistry and biology. After January 1, 1922, in addition to the high school education the applicant must have completed two years of college work before entering on the study of medicine. The new law gives the board authority also to require applicants to have completed a year's interneship in an approved hospital before being eligible for the license. In grading the papers of applicants the law provides that 1 per cent. may be allowed for each year of practice after the first two years.

Arkansas.

The Arkansas Society held its annual meeting and elected the following officers: President, E. L. Sullivan, M.D., Poughkeepsie; First Vice President, E. L. Hutchinson, M.D., Grady; Second Vice President, William Weatherall, M.D., Star City; Third Vice President, C. F. Heffinton, M.D., Havana; Secretary, L. Gardiner, M.D., Russelville; Treasurer, R. O. Norris, Moscow. Next meeting place Little Rock, May, 1918.

California.

Dr. R. O. Hoffman's address should be 209-11 Granger Block, San Diego, instead of Granger Street.

The California Society held its annual meeting at Santa Barbara, May 24-26. A good meeting is reported. The following officers were elected: President, H. C. Smith, M.D., Glendale; Secretary, H. T. Cox, M.D., Los Angeles; Treasurer, J. A. Munk, M.D., Los Angeles. The action of last year pertaining to the National was rescinded and we personally hope the state society will soon recover its true position as one among the best of our

state societies. Next meeting will be held at Los Angeles, the fourth Tuesday in May, 1918.

Ada S. Morton has removed from San Francisco to Las Vegas, Nev.

William S. Gibson has removed to 529 Laughlin Building, Los Angeles.

Dr. Ruth F. Wirick has removed her office to 6 Cummins Building, Pasadena.

Dr. Leon Patrick has removed from Los Angeles to the Smith-Groete Building, Orange.

J. R. Nesbitt has removed from Los Angeles to 641 O'Farrell Street, San Francisco.

Dr. J. C. Reinschmidt has opened an office in Exchange Building, Third and Hill Streets, Los Angeles.

Dr. Orah Allen has opened an office at 651 Phelan Building, San Francisco.

Connecticut.

Connecticut, like Maine, has joined the group of progressive States which have abandoned the plan of a State board of health in favor of a single commissioner. A new law passed this spring gives reasonably effective powers over the local health officer to the State Commissioner of Health, and provides a public health council with authority to formulate a Statewide sanitary code, following in its main essentials the New York and Massachusetts plan.

Florida.

Dr. George W. Holmes has moved from Sharpes to Merrill.

The governor of Florida has appointed a new Eclectic Board, the members of which are: George A. Munch, 1806 Franklin Street, Tampa, Secretary; John A. McDonald, Century; E. C. Aurin and F. N. Ogden. The bill for a composite board was defeated.

Illinois.

The Illinois State Society elected the following officers for 1917-18: President, E. G. Trowbridge, M.D., Chicago; First Vice President, C. S. Wood, M.D., Chicago; Secretary-Treasurer, E. S. Spindell, M.D., Springfield. Next meeting place Chicago, May, 1918.

Senate Bill No. 135 enacted by the last legislature provides for the license of persons practicing chiropody; House Bill No. 813 gives the health department the authority to abate any nuisance about the military camp. House Bill No. 657 revises the medical practice act, and provides that all who practice the art of healing shall take an examination and obtain a license. This includes Osteopathy.

E. E. Peters, M.D., has removed from Springfield to Eastern Emergency Hospital, Chicago.

E. M. Reading, M.D., has removed from 6501 Kimbark Avenue to 29 E. Madison Street.

Frank W. Rastall, M. D., has removed from 1509 E. 53rd Street to 858 E. 88th Street.

A. V. Dahlberg, M.D., has removed from 1156 W. 63rd Street to 815 W. 69th Street.

Dr. Charles McLaughlin is located at New Berlin.

Indiana.

The Indiana State Board of Medicine, Registration and Examination has voted in favor of admitting to its examinations, during the present war emergency, graduates of medical schools which have continuous sessions for junior and senior classes. This method shortens the time required for obtaining the degrees by about eight months, since the student continues work through the summer. There is no reduction in the number of hours devoted to medical study.

Dr. Fred L. Hosman, Secretary of the state society, has enlisted in the Medical Corps of the United States Army, and reported for duty. He has been ordered to examine the National Guard and report to Fort Benjamin Harrison for duty.

Iowa.

James B. Kelso has removed from Auburn to Niobrara, Neb.

The Iowa State Society met May 23. A good meeting is reported and the following elected officers for 1918: President, H. S. Huckins, M.D., Des Moines; Vice President, M. B. Stine, M.D., Des Moines; Recording Secretary, B. C. Minkler, M.D., Des Moines; Corresponding Secretary, P. F. Price, M.D., Milo; Treasurer, A. W. Dunlap, M.D., Des Moines. Next meeting Des Moines, May, 1918.

Kansas.

Dr. John J. Sippy, epidemiologist of the State Board of Health, reports that 13,836 cases of measles were reported in the State in 1916, and 6,162 in March, 1917. Smallpox is reported to be prevalent at Little River.

Lafayette Hunter has removed from Kansas City, Mo., to 821 Osage Avenue, Kansas City, Kan.

George W. Beam has located at 601 Minneapolis Avenue, Kansas City.

Felix Cohen has removed to 810 N. 17th Street, Kansas City.

Kentucky.

J. A. Farabaugh of Clinton, had the misfortune to have his home and out-buildings destroyed by the cyclone which visited that section. Owing to the lack of insurance, he suffers a total loss.

The Kentucky State Society met at Louisville, June 18. The following officers were elected for the coming year: President, Dr. G. S. Everly, Rockport; Vice President, R. C. Burrow, Cunningham; Secretary-Treasurer, J. C. Mitchell, Louisville. Next meeting Louisville, 1918.

Louisiana.

Dr. D. C. Arndt has removed from 1029 Camp Street, New Orleans, to Hope Villa.

Maine.

The Senate Osteopathic Bill, which provides for a separate board of examiners, was killed during the last week of the legislature.

Massachusetts.

The governor has allowed to become law, without his signature, the bill permitting injured workmen in certain institutions under the provision of the Workman's Compensation Act to select their own physician for treatment.

L. J. Longdyke, M.D., has removed from Melrose to Pond Street, Kingston.

Michigan.

J. Franklin Conner, M.D., of Kalamazoo, has been appointed First Lieutenant in the Medical Officers Reserve Corps.

Missouri.

S. B. Sattler, M.D., has removed from 1468 Stewart Place to 5950 A. Ridge, St. Louis.

H. L. Hays, M.D., has removed to 908 Main Street, Kansas City.

Dr. R. Alexander has removed from 2814 Pasco to 2225 Holmes Street.

J. D. Hinkle, M.D., has removed from 4106 Independence to 3336 Flora Street.

The Missouri State Society held its annual meeting and elected the following officers: President, Lillian G. Blanchard, M.D., St. Louis; First Vice President, W. W. Martin, M.D., Kirksville; Second Vice President, J. F. Wagner, M.D., Greensville; Third Vice President, George Tracewell, M.D., St. Louis; Recording Secretary, B. J. Weisner, M.D., St. Louis; Corresponding Secretary, C. W. Nehl, M.D., St. Louis; Treasurer, A. W. Davidson, M.D., Poplar Bluff. Next place of meeting Kansas City, 1918.

Lafayette Hunter, M.D., has removed to 821 Osage Avenue, Kansas City, Kan.

Montana.

At a meeting held April 3, 1917, the Montana State Board of Medical Examiners adopted a resolution which requires that all applicants who graduate after July 1, 1917, and who seek a license to practice medicine in that State, must present a diploma issued by a medical school rated in Class A by the American Medical Association. This action establishes a minimum standard of preliminary education as follows: For applicants graduating prior to January 1, 1918, a four-year high school education; for those graduating in 1918 to 1921 inclusive, one year of premedical college work, including courses in physics, chemistry and biology; and for all candidates graduating in 1922 and thereafter two years of premedical college work, including the sciences named.

The board also adopted a resolution requiring that, after April 3, 1917, all applicants who have graduated from a medical school outside the United States shall be required to present evidence of having attended at least one full course of study in a medical school in the United States rated in Class A by the Council on Medical Education of the American Medical Association

Nebraska.

James B. Kelso, M.D., has removed from Auburn, Iowa, to Niobrara.

E. J. Culver, M.D., has removed from Friend to Rockville.

W. T. Johnson, M.D., of Pawnee City, succeeds H. B. Cummings on the State Board of Health.

Dr. C. E. Kidder, of Holstein, has been elected President of the state society, and F. M. Swartwood, M.D., Bethany, as Secretary; E. J. Latta, M.D., Lincoln, Treasurer.

New York.

Governor Whitman has signed the Whitney Bill which requires that those who apply for marriage licenses in New York State shall present affidavits that they are free from communicable diseases. The affidavits filed must contain sworn statements that the affiant has never had venereal disease. or that laboratory tests show that such diseases are not now present.

C. W. Brandenburg, M.D., has removed from 14th Street to Hotel Albert, New York City.

Ruzika Oscar, M.D., has removed to 1586 DeKalb Avenue, Brooklyn.

The summer work of the Nathan Straus Pasteurized Milk Commission began June 16 with the opening of depots at the parks, where pasteurized milk was sold at one cent a glass. This is the twenty-fifth summer in which this philanthropic work of Mr. Straus has been carried on.

Ida L. Dildine, M.D., has removed from Binghamton to Endicott.

F. M. Hayes, M.D., has removed from 688 to 716 Main Street, Buffalo.

J. T. Wallace, M.D., has removed from Kennewick, Wash., to Oneida.

Charles Lloyd, M.D., has removed from New York to Nutley, N. J.

Dr. V. von Unruh has enlisted in the Medical Reserve Corps and been ordered to Fort Benjamin Harrison for instruction.

Ohio.

Dr. Carll S. Mundy was appointed on the Selective Conscriptive Board tor Toledo.

S. E. Eagon, M.D., is located at 2269 Norwood Avenue, Norwood, and Neil Taylor, M.D., at 21 E. 7th Street, Cincinnati.

R. S. Kesler, M.D., has removed from N. Lewisburg to Wauseon.

S. R. Bame, M.D., of Alvada, has purchased the office of Dr. J. D. Southward, of Carey, and has moved to his new location.

E. M. Wright, M.D., has removed from Warsaw to 116 S. 6th Street, Coshocton.

H. H. Morgan, M.D., has removed from Manchester to Portsmouth.

W. L. Werner, M.D., has removed to 409 Peoples Savings and Trust Building, Akron.

Thomas F. Collins, M.D., has removed from Adamsville, Pa., to 3028 W. 25th Street, Cleveland.

Dr. Kent H. Harrington has moved his office to 306 Peoples Savings Bank and Trust Building, Akron.

Dr. Lee A. Hayes has opened his office at 1218 Walnut Street, Cincinnati.

Dr. O. N. Bergmeyer has moved his office to 142 E. 4th Street, Cincinnati.

Herman W. Honeck, M.D., has located at Ridgeville Corners.

Dr. W. C. Davis, of East Liberty, has successfully passed the examination for the Medical Officers Reserve Corps, and is awaiting his call.

Drs. Charles O. Bayless, of Dayton; Ralph E. Powers, of Amherst, and Earl L. Waite have received commissions in the Medical Officers Reserve Corps. The former hopes to receive an assignment to the Aviation Corps.

Dr. Tressa M. Bradish has located at 1003 E. Livingston Avenue, Columbus

F. J. Owry has received a commission in the Medical Officers Reserve Corps of the U.S.A.

Three sons of Dr. W. E. Postle, Columbus, are in service. They are: Dr. Robert S. Postle, Akron, Tenth Infantry, O. N. G.; Dr. Franklin D. Postle, Delaware, Fourth Infantry, and W. E. Postle, medical student, who is in the navy.

Dr. M. L. Peterson, of Cincinnati, has been ordered to examine the Nationad Guard and to then report to Fort Benjamin Harrison for instructions.

The regular quarterly meeting of the Ohio State Medical Board was held in Columbus on July 2 and 3, 1917. All members present. On the first afternoon a conference of representatives of the graduates nurses, State Hospital Association, three state medical societies and the Tuberculosis Association with the board was held, in which matters concerning the present and future standard for nurses' training schools were discussed, and definite action will be taken later.

The examination grades of 157 physicians were tabulated and 151 were passed, 6 failing; also 39 Osteopathic candidates, 28 passing and 11 failing. Three drugless healers were examined and granted certificates in massage, hydrotherapy and mechanotherapy under the waiver clause, and 3 chiropodists passed the examination under the new higher standard and one masseur by examination on the higher standard.

The next board examination will be held December 4, 1917.

The following graduates of the 1917 class of the Eclectic Medical College were successful in securing certificates: Benjamin V. Blagg, Cassius M. Treffinger, Max C. Labermeier, Roger Q. Atchley, Frederick W. Trinkle, Clifford S. Palmer, Clarence Stefanski, Emil John Alban, Leon E. Pangburn, Frederick A. Fischer, Dennis Rupp, James C. Staats, Leon J. Renneker, Ray H. Bechtell, James S. Couden, Martin E. Harrell, Forest O. Garver, Walter O. Pontius and Carl R. Busse.

The following reciprocity certificates were granted: B. F. Morgan, Delaware 1915, to Youngstown; M. L. Craeford, Kansas 1916, to Youngstown; William B. Watts, Illinois 1901, to Cleveland; Charles S. Dryer, Indiana 1913, now in the army; Percy Kendall Holmes, Missouri 1916, to Delaware; Harvey H. Musser, Maryland 1915; to Cleveland; Victor L. A. Lengenderfer, Michigan 1909, to Toledo; Harry M. Sage, Michigan 1913, to Columbus; Senekerim H. Arakelian, Michigan 1915, to Lima; Ferdinand F. Haas,

Missouri 1914, to Cleveland; Joseph W. Young, New York 1903, to Toledo; Harmon O. Baldwin, Pennsylvania 1906, to Cleveland; Augustus E. Smith, Pennsylvania 1911, to Warren; Elizabeth C. Smith, Pennsylvania 1911, to Warren; Edward J. Braun, Pennsylvania 1915, to Youngstown; Ulysses S. Tartar, Virginia 1908, to Cleveland; Henry E. Caldwell, Pennsylvania 1879, to Cincinnati; Joseph A. McCready, Pennsylvania 1876, to Greenwich; Albert M. Freund, Wisconsin 1900, to Cincinnati.

The State Department of Health points to increasing death rate in Ohio for 1916 as shown by mortality statistics just issued by Dr. J. E. Monger, State Registrar of Vital Statistics, as a reason for increased public health activities in the State in war times.

Death's toll in Ohio last year from all causes was 74,230, corresponding to a rate of 14.14 per 1,000 population. The total number of deaths for 1915 was 66,070, giving a rate of 12.98 or 13.0 (per census rate). Paulding County, for the third consecutive year, holds the record for having the lowest death rate, 8.5, while Summit County is credited with having the highest rate, 19.4, per 1,000 population.

While the increase in the rate is not large it indicates a loss of some 7,300 lives. If the 1915 rate had been maintained it would have meant a saving of that many lives.

There were 3,105 babies who died in 1916 from summer complaint. The increase in this rate last year was probably due to the excessive heat of last summer. Thus far this year the child mortality rate is low, due to the unusually cool weather. The total increase in the number of deaths from measles, whooping cough and summer complaint last year was 1,679 over the reported deaths for the preceding year.

The foremost cause of death in the State was organic heart disease with tuberculosis ranking second, both showing slight increases over the previous year.

Suicide was not so much in vogue last year, self-destruction accounting for only 767 deaths, as compared to 777 for 1915.

Typhoid fever continues to be held in check, the statistics show.

Following are the number of deaths in the larger cities for the years 1915 and 1916, from all causes with rate per 1,000 population:

	1915.	Rate.	1916.	Rate.
Cleveland	8792	13.3	9975	14.5
Cincinnati	6359	15.7	6743	16.5
Columbus	2949	14.0	3336	15.4
Toledo	2892	15.8	3587	19.3
Dayton	1707	12.8	1935	13.8
Akron	1178	14.2	1692	19.1
Canton	716	11.8	864	13.8
Hamilton	428	10.4	507	11.9
Lima	440	13.8	494	15.0

Oklahoma.

The Oklahoma State Society convened in Oklahoma City May 1-2. A fine meeting is reported. The officers elected are: President, F. P. Davis, M.D., Enid; First Vice President, L. L. Cole, M.D., Lawton; Second Vice

President, G. S. Pettit, M.D., Oklahoma City; Third Vice President, W. D. Akers, M.D., Ada; Secretary, T. L. Sharp, M.D., Orlando; Treasurer, William King, M.D., Oklahoma City; Delegate to the National, E. G. Sharp, M.D., Guthrie. Next meeting Oklahoma City, May, 1918.

The Ladies' Auxiliary to the Oklahoma Eclectic Medical Association reorganized with the following officers for the ensuing year: President, Mrs. William King, Oklahoma City; Vice President, Mrs. R. X. Wade, Coyle; Secretary, Mrs. T. L. Sharp, Orlando.

J. L. Clark, M.D., has removed from Hugo to Shawnee.

J. S. McDaniel has removed to Sasakwa.

Oregon.

Dr. R. E. Lee Stainer, Salem, has sent out notices calling together for organization the new State Board of Eugenics, provided for in the bill passed by the last legislature and composed of the members of the State Board of Health, the superintendents of the two State hospitals, the warden of the State penitentiary and the superintendent of the State school for feebleminded.

Pennsylvania.

The large medical schools in Philadelphia are urging that three months' service in a military training camp be made a requisite part of courses in medicine in all first-class colleges to secure a diploma.

Sloan A. Brown, M.D., has removed to 1517 State Street, Corapolis.

Thomas F. Collins, M.D., has removed from Adamsville to 3028 W. 25th Street, Cleveland, Ohio.

The House of Representatives passed a bill by an overwhelming majority forbidding the promulgation of birth control.

South Dakota.

The South Dakota Eclectic Medical Society met in annual session at Madison, June 5 and 6. Dr. Daniels brought greetings from the state societies of Iowa, Arkansas, Missouri, Kansas and Nebraska, which he had visited. The following officers were elected: President, F. C. Willoughby, M.D., Winifred; First Vice President, G. H. Culbrandson, M.D., Canton; Second Vice President, N. L. Bailey, M.D., Lake Preston; Secretary-Treasurer, W. E. Daniel, M.D., Madison. It was voted to meet in joint session with the Homeopaths in May, 1918.

H. E. Kellogg, M.D., has been appointed health officer of Madison.

W. E. Daniels, M.D., of Madison, has applied for a position in the Medical Department of the French Army.

The South Dakota Chiropractic Bill was defeated by one vote in the last legislature. The chiropractors spent a great deal of time and money trying to lobby the bill through.

Tennessee.

The Tennessee Society met at the same time and place as the National—Hotel Hermitage, Nashville. The officers elected are: President, J. Harvill

Hite, M.D., Nashville; First Vice President, E. A. Funston, M.D., Shelbyville; Second Vice President, E. M. Cherry, M.D., Big Rock; Recording Secretary, J. O. Cummings, M.D., Nashville; Corresponding Secretary, Ivadell Rogers, M.D., Lawrenceburg; Treasurer, M. M. Harvill, M.D., Nashville.

Texas.

The thirty-fifth legislature, out of 900 bills introduced in the house and nearly 500 in the senate, enacted a number of important measures, of which several are health laws. An employers' liability act extends the time of medical compensation from one to two weeks. A vital statistics law establishes a State Bureau of Vital Statistics under the State Board of Health. An intensive rural health law appropriates $70,000 for the State Health Department for co-operation with counties and with the Rockefeller Foundation for the control of malaria and hookworm. Bills were passed creating a Northwest Texas Insane Asylum, a negro insane asylum, a school for the blind and a State training school for the adult blind. A quarantine station at Sabine Pass was also provided for. Free treatment for indigent patients threatened with hydrophobia also was provided. The annual tax of itinerant medicine vendors was increased from $50 to $100.

Dr. I. J. Pressly has removed to Runge.

Wisconsin.

The officers of the Wisconsin Society are: President, F. A. Rice, M.D., Delavan; Secretary, R. C. Rodecker, M.D., Holcombe.

Dr. Frederick C. Hanley, M.D., Watertown, has been reappointed on the State Board of Medical Examiners.

Wyoming.

Dr. Jay Smith, of Glen Rock, is to retire from active practice and desires to locate some one in his place. Nothing to sell.

MISCELLANEOUS.

Acupuncture Vaccination Method.

According to Dr. H. W. Hill (*American Journal of Public Health,* March, 1917), acupuncture vaccination is thus preformed: The arm is washed with soap and water, then with alcohol and finally with ether. A small drop of vaccine is deposited on the clean surface. The vaccinator's hand is closed on the arm from behind so as to draw the skin tight in front, and a sewing needle point, held slanting nearly parallel with the arm, is pressed against the skin through the drop of vaccine. Then it is that that one-thousandth inch of the point snicks through the upper layer of the skin, carrying the vaccine with it. The needle is instantly withdrawn, and similar punctures are made beside each other until a dozen punctures are made in the space of one-sixteenth square inch or less. With a bit of gauze the surface vaccine is removed. Three sets of punctures are advised

at the angles of a triangle, each side of which is 1 inch. A strip of gauze may be pinned to the inside of the shirt sleeve; no other dressing should be used. In persons who are still protected by a former vaccination or by having had smallpox, the punctured surface will redden, swell slightly and become somewhat itchy for a day or two immediately following the puncture. This is the anaphylactic reaction. In persons not so protected, the puncture spot will redden and swell in four or five days, and a smooth, pearly button about the size of a large pea will arise, which in about ten days will separate, leaving a small round scar.

Recognize National Board.

An amendment to the Delaware Medical Practice Act, which was approved April 16, 1917, provides that applicants examined and approved by the National Board of Medical Examiners will be licensed in Delaware without further examination on the payment of the usual reciprocity fee of $50. This is the eleventh State to provide, either by board ruling or by an amendment to the practice act, for the recognition of the certificate of the National Board of Medical Examiners. The other states are: Colorado, Idaho, Iowa, Kentucky, Maryland, New Hampshire, North Carolina, North Dakota, Pennsylvania and Rhode Island.

The Growth of Filtration Systems.

It is an interesting fact that a very large number of cities which formerly used water without purification now have waterworks filtration plants. In 1900 less than 2,000,000 people were using filtered water; in 1910 approximately 10,000,000 were using it, while at the present date about 20,000,000 people are served by filtration plants. In 1900 fifty cities were using filtered water, and in 1917 there were 781 cities thus supplied, a truly remarkable increase. Reliable data pertaining to typhoid show that the death rate has decreased at about the same proportion as filtered water has increased. This alone is sufficient reason for the rapid adoption of filtration plants by municipalities.—*The American City,* June, 1917.

New York Health Department Abandons Diazo Test.

The diagnostic laboratory of the department of health announces that last year 1,700 specimens of urine were examined for the diazo reaction. Of this number less than 250 gave a positive reaction. As there is great doubt expressed as to whether this gave a real assistance to the physician in arriving at a diagnosis, the department feels that the time consumed in this work might have been better employed. It has therefore decided to discontinue the examination of specimens for the diazo reaction.

Whooping Cough.

An issue of the *New York State Health News* is devoted to the whooping cough situation in the State. Whooping cough, which is usually classed

as one of the minor diseases of childhood, has carried off more lives in New York during the past five years than the much more dreaded scarlet fever. The total number of deaths from scarlet fever during the years 1911-1916 was 2,904, equivalent to an average rate of mortality of 5.9 per hundred thousand total population. During the same period 3,739 children died from whooping cough, which corresponds to an annual death rate almost 30 per cent. higher than that of scarlet fever—7.6 per hundred thousand. In the year 1916, whooping cough ranked next to measles as a cause of death in this State, taking almost as many lives as typhoid fever (593), and scarlet fever combined, 745. In the past ten years the death rate from whooping cough has fluctuated between seven and nine per hundred thousand, with only a slight downward tendency.

Health Insurance vs. Sickness Insurance.

The Conference of State and Territorial Health Officers with the United States Public Health Service, which met, April 30, in Washington, D. C., adopted the following resolution defining its attitude in relation to health insurance and sickness insurance:

Resolved, That in the judgment of this conference the use of the phrase "health insurance" to describe a system of sickness relief that makes no specific, positive, and definite provision for the conservation of health is liable to endanger the efficiency of existing health agencies and to retard their further development.

The second examination to be given by the National Board of Medical Examiners will be held in Washington, D. C., June 13, 1917. The examination will last about one week. The following states will recognize the certificate of the National Board: Colorado, Idaho, Iowa, Kentucky, Maryland, North Carolina, New Hampshire, North Dakota, Pennsylvania, and Delaware. Favorable legislation is now pending in twelve of the remaining States. A successful applicant may enter the reserve corps of either the army or navy without further professional examination, if their examination papers are satisfactory to a board of examiners of these services. The certificate of the National Board will be accepted as qualification for admittance into the Graduate School of the University of Minnesota, including the Mayo Foundation. Application blanks and further information may be obtained from the Secretary, Dr. J. S. Rodman, 2106 Walnut Street, Philadelphia.

Seven native girls of Guam will this year receive diplomas from the United States Navy Medical Department as trained nurses. The girls are graduates of a mission school. The nursing course included ordinary nursing, obstetrics, sanitation, personal hygiene and dietics. After grdauation these nurses go into the country districts, and return later to the hospital for review and supervision. An increased staff of American surgeons and nurses to train these classes, in addition to the hospital work, has been provided. So says the *Survey* of March 24.

OBITUARIES.

L. E. Russell, M.D., died at his home in Springfield, O., August 2, 1917.

Dr. Russell was born at Burton, Geauga County, Ohio, in 1840, being sixty-eight years old at the time of his death.

His early life was spent in Northwestern Ohio, where he attended village school and afterward Hiram College, under the instructions of ex-President Garfield. He graduated from the Eclectic Medical Institute in 1872 and began practicing medicine in Warren, Ohio. Just when he moved to Springfield, we do not know, but he has lived and practiced at the latter place since our acquaintance with him, which dates back to 1881.

There has never been any doubt in our mind that he was a pioneer in the surgery of the thyroid and was among the first to successfully remove that gland. The same holds true regarding nephrectomy. He and Prof. A. J. Howe, his teacher, being among the first to remove the kidney, if not the first in Ohio.

His reputation as a surgeon is nation-wide. Dr. Russell was a pioneer in modern surgery. He is a past president of our State and National Associations, always present, always welcome. His genial presence will be missed from our councils.

The great heart of Russell has ceased to beat, but he still lives in the hearts and minds of a great host of the beneficiaries of his life work.

Those of us who worked with him and knew him most intimately realized that his intuition far exceeded the most mature judgment of most people.

It is great to be strong. It is great to be gentle. Dr. Russell was *both* strong and gentle, and his living has been a great benediction to very many.

Besides his great inherent ability he possessed the energy to realize his towering ambition.

He not only climbed high in the face of adverse circumstances, but he improved the opportunities of reaching down to lift others up.

It can be truly said of him that he lived to bless mankind and his achievements are immortal.

Recognizing his ability and his loss as a teacher and friend, we, the representatives of the Ohio State and National Eclectic Medical Associations, extend to the widow and son of our deceased friend, our sympathies and best wishes and whilst we have lost a friend and counseller, they have lost in the death of husband and father, a faithful companion and indulgent father.

W. N. Mundy,
B. K. Jones,
G. W. Homsher,
Committee.

Burtchbey, George Pepper, Eclectic Medical College, Cincinnati, 1894. Member of the Iowa State and National Eclectic Medical Associations; at his home in Oskaloosa, Iowa, May 29, aged sixty-three.

Busby, William L., Bennett Medical College, Chicago, 1888, at his home in Delta, Iowa, July 7, aged eighty.

Cramer, Carl Paul Rafael, Eclectic Medical Institute, Cincinnati, 1910, at his home in Cedar Grove, Ind., May 5, aged forty-seven.

Darby, A. Byron, Eclectic Medical Institute, Cincinnati, 1863, at his home in Waterloo, Ind., April 27, aged seventy-seven.

Guillaume, C. T., Eclectic Medical College, Cincinnati, 1880. Member of New York State and National Eclectic Medical Association, at his home in Boonville, N. Y., May 10, 1917, aged sixty.

Harvey, John W., Chica, California, California Medical College, 1887, at San Francisco, May 2, 1917.

Hickman, Benjamin, Eclectic Medical Institute, at his home in Paris, Ky., July 15, 1917.

Hodge, Thomas Stanley, License Connecticut 1893. Member of the Connecticut and National Eclectic Medical Associations; Secretary of the Connecticut Eclectic Medical Examining Board, at his home in Torrington, Conn., April 20, aged sixty-nine.

Ingle, Henry, Georgia College of Eclectic Medicine and Surgery, Atlanta, 1888, at his home in Gainesville, Tex., May 5, aged eighty.

Johnson, Phebe Rebekah, Eclectic Medical College of the City of New York, 1880, at Larchemont, N. Y., July 3, aged seventy-three.

Jones, Samuel, American Medical College, Cincinnati, 1857, at his home in Neodesha, Kan., June 10, aged ninety-two.

Lawrence, R. E., at his home in Dayton, Ohio, June 16, aged sixty-nine.

Lee, Lewis, Potter Valley, Cal., American Medical College, St. Louis, Mo., 1888, at San Francisco, April 25, aged sixty.

Null, Lycurgus S., Eclectic Medical Institute, Cincinnati, 1866, at his home in New Haven, Ind., July 8, aged seventy-seven.

Miller, Glenn Everett, Eclectic Medical Institute, Cincinnati, 1906, at Whiteoak, Okla., June 13, aged thirty-nine.

Powers, A. M., Eclectic Medical Institute, 1869, at his home in Rootstown, Ohio, June 23, aged eighty.

Rastall, Frank W., Bennett Medical College, Chicago, 1907, at his home in Chicago, July 2, aged forty.

Rohn, William C., Bennett Medical College, Chicago, 1891, at his home in Chicago, May 29, aged sixty-four.

Sidney, Austin Wilbur, Eclectic Medical College of Pennsylvania, Philadelphia, 1860, at his home in Fitchburg, Mass., June 25, aged ninety-three.

Sloan, Elias, Eclectic Medical Institute, Cincinnati, 1875. Member of the Ohio State Eclectic Medical Association, at his home in Marietta, Ohio, May 23, aged sixty-eight.

Waite, Hershel N., Eclectic Medical College of the City of New York, 1882. Member of the National Eclectic Medical Association, at his home in Johnson, Vt., March 9, aged sixty-seven.

Walker, John C., Eclectic Medical Institute, Cincinnati, 1881, at Salem, Ohio, May 16, aged sixty-two.

Whitman, Charles Henry, Bennett Medical College, Chicago, 1886, at Los Angeles, Cal., June 20, aged sixty-two.

Wilson, W. D., License, Eclectic State Medical Board of Arkansas, 1883, at his home in Beebe, Ark., March 1, aged seventy-four.

The Eclectic Medical College.

The June Bulletin of the Eclectic Medical College, which is the usual catalogue number, thirty-two pages, contains the seventy-third annual announcement for 1917 and 1918, and including a list of one hundred matriculates and twenty-nine graduates for 1916-1917, has just been mailed to 8,000 Eclectic physicians, state board secretaries, deans of medical colleges, editors of medical journals, and to prospective students. The next session opens for matriculation on September 14, and will continue eight months to May 14, 1918. The fees remain at $120 per year, and $5 matriculation, payable once. No scholarships are sold. The entrance qualifications are fifteen units of a four years' graded high school course, as determined by K. D. Swartzel, the official examiner of the Ohio State Medical Board at Columbus, whose certificate must be secured, *and, in addition,* a student must furnish the college evidence of one year's work of *college grade* in physics, chemistry, biology and modern languages. In seven States the student must furnish credentials covering a two years' college course, including the above subjects.

Students can take this work in any standard literary college or at the Ohio Mechanics' Institute in Cincinnati.

Students who are preparing to enter in 1918 can take a two years' course as carefully outlined by the Miami University, at Oxford, Butler County, Ohio, thirty-nine miles from Cincinnati. Such a course will be required of students entering who wish to subsequently practice in twenty-three States after graduating in 1922. Such a course is outlined on page 23 of the June Bulletin. It can be taken, however, in any other standard recognized literary college or university, which is prepared to give a similar course. Bulletins and more definite information in special cases, and where students are preparing for special boards, will be given on application to the Secretary of the College.

NEW APPLICATIONS FOR MEMBERSHIP.

JUNE 1, 1917, TO SEPTEMBER 1, 1917.

Arkansas.—Holbrook, D. J., Formosa; Heffington, C. F., Havana; Hutchinson, E. L., Grady; Landrum, F. N.

Georgia.—Tumlin, C. E., Screven.

Kansas.—Clark, Theodore F., Vesper; Clark, O. N., Vesper; Cohen, Felix, Kansas City; Williams, Z. C., Kansas City.

Kentucky.—Burrows, R. C., Cunningham.

Massachusetts.—Basch, W. E. R., Winthrop; Devenney, Jos. W., Dorchester.

Mississippi.—Porter, M., Water Valley.

Missouri.—Harris, Pearl Q., St. Louis; Johnson, O. A., St. Louis; Rich, A. J., St. Louis; Nehl, Chas. W., St. Louis; Son, G. W., Des Loge.

New Jersey.—Facciolo, F., Bayonne.

New York.—Rood, George L., Aetna.

Oklahoma.—Norvall, John P., Oklahoma City.

Tennessee.—McLaughlin, H. A., Memphis.

SOCIETY CALENDAR.

1. *National Eclectic Medical Association.*—President, W. P. Best, Indianapolis, Ind.; Secretary, H. H. Helbing, St. Louis, Mo. Next meeting Detroit, Mich., June 18-21, 1918.

2. *Albany and Saratago District Medical Society.*

3. *American Eclectic Materia Medica Association.*—President, R. B. Taylor, Columbus, Ohio; Secretary, A. W. Smith, Berwyn, Ill.

4. *Arkansas Eclectic Medical Society.*—President, E. L. Sullivan, Poughkeepsie; Secretary, L. Gardner, Russellville. Next meeting Little Rock, May, 1918.

5. *Atlanta Eclectic Medical Society.*—President, J. Q. Brantley; Secretary, S. L. Katzoff, Atlanta.

6. *Boston District Eclectic Medical Association.*—President, George E. Pool, Sherbourn.

7. *Brooklyn Therapeutic Society.*—Secretary, J. Steele, 96 Monitor Street, Brooklyn. Quarterly.

8. *California Eclectic Medical Society.*—President, N. C. Smith, Glendale; Secretary, H. T. Cox, 600 York Building, Los Angeles Next meeting Los Angeles, May, 1918.

9. *Central New York Eclectic Medical Society.*—J. H. Terpening, Fulton; L. B. Gardiner, Geneva. Semi-annually.

10. *Chicago Eclectic Medical and Surgical Society.*—Monthly.

11. *Colorado Eclectic Medical Society.*—President, J. A. Dungan, Greeley; Secretary, George Candlin, Eaton.

12. *Connecticut Eclectic Medical Society.*—President, James E. Hair, Bridgeport; Secretary, R. L. White, New Canaan. Semi-annually.

13. *Dayton Eclectic Medical Society.*—President, E. E. Bechtel; Secretary, J. F. Wuist. Third Friday of each month.

14. *Doctors' Club, St. Louis.*—President, E. R. Waterhouse; Secretary, A. F. Stephens, St. Louis, Mo.

15. *Eclectic Medical Society of Greater New York.*—President, E. Brunor; Secretary, T. D. Adlerman, 910 St. John's Place, Brooklyn. Third Monday in January, March, May, September, November and December.

16. *Eclectic Medical Society of the City and County of New York.*—President, E. Brunor; Secretary, G. J. Olsen. Third Thursday of each month.

17. *Florida Eclectic Medical Association.*—President, William F. Zander, Fort Meade; Secretary, George A. Munch, Tampa.

18. *Ft. Wayne Eclectic Medical Society.*—President, G. A. Barry; Secretary, J. B. Morris. Monthly.

19. *Georgia Eclectic Association.*—President, A. M. Moore, Waleska; Secretary, D. H. Griffith, Atlanta.

20. *Illinois Medical Association.*—President, E. G. Trowbridge, Chicago; Secretary, E. S. Spindel, Springfield. Next meeting Chicago, May, 1918.

21. *Indiana Eclectic Medical Association.*—President, W. W. Tindall, Shelbyville; Secretary, J. E. Holman, 1020 N. Tuxedo Street, Indianapolis.

22. *Iowa Eclectic Medical Society.*—President, H. S. Huckins, Des Moines; Secretary, B. C. Minkler, Des Moines. Next meeting, Des Moines, May, 1918.

23. *Kansas Eclectic Medical Association.*—President, W. D. Hunt, Emporia; Secretary, J. H. Rinehart, Topeka. Next meeting Kansas City, 1917.

24. *Jackson County Eclectic Medical Society.*—President, George J. Conley; Secretary, Samuel McCubbin. Semi-annually, Coates Hotel, Kansas City, Mo.

25. *Kentucky Eclectic Medical Society.*—President, G. E. Everly, Rockford; Secretary, J. C. Mitchell, Louisville. Next meeting Louisville, 1918.

26. *Kentucky Central Auxiliary.*—President, J. H. Shultz, Jeffersonville; Secretary, T. A. E. Evans, Farmers.

27. *Kentucky Eastern Auxiliary.*—President, D. E. Morgan, Maysville; Secretary, M. W. Meadows, Fullerton.

28. *Kings County Eclectic Medical Society.*—President, B. Wolf; Secretary, T. D. Adlerman, Brooklyn. Next meeting Brooklyn.

29. *Los Angeles Eclectic Medical Society.*—President, A. P. Baird, Los Angeles; Secretary, H. Ford Scudder, Los Angeles.

30. *Maine Eclectic Medical Society.*—President, A. S. Von Sonneberg, Boston,

Mass.; Secretary, Fred W. Abbott, aunton, Mass. Next meeting, Portland, Me., May, 1918.

31. *Maryland State Eclectic Medical Society.*—President, George W. Fischer, Baltimore; Secretary, F. L. C. Helm, 2757 W. North Avenue, Baltimore.

32. *Massachusetts Eclectic Medical Society.*—President, Charles E. Buck, Boston; Secretary, Fred C. Phillimore, 320 Hanover Street, Boston, Mass. Next meeting Boston, June, 1918.

33. *Michigan Eclectic Medical Society.*—President, H. A. Shafor, Detroit; Secretary, C. H. Murphy, Lansing.

34. *Missouri Eclectic Medical Society.*—President, Lillian G. Blanchard, St. Louis; Secretary, B. J. Weisner, St. Louis. Next meeting Kansas City, 1918.

35. *Missouri Valley Eclectic Medical Association.*—John C. Story, St. Joseph.

36. *Minnesota Eclectic Medical Society.*

37. *Monroe County Eclectic Medical Society.*—Secretary, Darwin Cary, 31 Grand Avenue, Rochester, N. Y.

38. *Nebraska Eclectic Medical Society.*—President, C. E. Kidder, Holstein; Secretary, F. M. Swartwood, Lincoln.

39. *New England Medical Association.*—President, C. A. Pratt, Mattapan, Mass.; Secretary, F. W. Abbott, Taunton, Mass.

40. *New Hampshire Eclectic Medical Society.*

41. *Northwestern Ohio Eclectic Medical Society.*—President, W. E. Bloyer, Buckland; Secretary, A. E. King, Mt. Cory.

42. *New Jersey Eclectic Medical Society.*—President, George E. Potter, Newark; Secretary, A. Liva, Lyndhurst. Next meeting Patterson, October 17, 1917.

43. *New York Eclectic Medical Society.*—President, F. J. Terpenning, Fulton; Secretary, T. D. Adlerman, 910 St. John's Place, Brooklyn. Next meeting Albany, March, 1918.

45. *Northwestern Indiana Eclectic Medical Society.*—Secretary, W. F. Smith, Huntington.

46. *Ohio Central Eclectic Medical Society.*—President, George Williams, Columbus; Secretary, C. M. Deem, Columbus. Monthly.

47. *Ohio Eclectic Medical Society.*—President, J. H. Jenkins, Rushmore; Secretary, W. N. Mundy. Next meeting, Put-in Bay, August 6, 7, 8, 1918.

48. *Oklahoma Eclectic Medical Society.*—President, T. P. Davis, Enid; Secretary, T. L. Sharp, Orlando. Next meeting Oklahoma City, May, 1918.

49. *Oregon Eclectic Medical Association.*—Secretary, Byron F. Miller.

50. *Pennsylvania Eclectic Medical Association.*—President, J. D. Keiper, Johnstown; Secretary, M. V. Hazen, 211 Locust Street, Harrisburg.

51. *Saratoga and Albany Eclectic Medical Society.*—Secretary, E. H. King, Saratoga Springs.

52. *South Dakota Eclectic Medical Society.*—President, F. C. Willoughby, Winifred· Secretary, W. E. Daniels, Madison. Next meeting Sioux Falls, May, 1918.

53. *Southern California Eclectic Medical Association.*—President, H. T. Cox, Los Angeles; Secretary, H. C. Smith, Los Angeles.

54. *Southwestern Ohio Eclectic Medical Association.*—President, J. D. Estell, Cincinnati; Secretary, Cloyce Wilson, Cincinnati.

55. *San Francisco County Eclectic Medical Society.*—Secretary, A. Florence Temple. First Thursday of each month except July.

56. *Sullivan County Eclectic Medical Society.*

57. *Tennessee Eclectic Medical Association.*—President, J. Harvill Hite, Shelbyville; Secretary, J. O. Cummings, Nashville, May, 1918.

58. *Texas Eclectic Medical Association.*—President, J. M. Watkins, Luling; Secretary, H. H. Blankmeyer, Aransas Pass. Next meeting November 8, 9, 1917.

59. *Vermont Eclectic Medical Association.*—President, J. V. H. Cushman, East Charleston; Secretary, P. L. Templeton, Montpelier.

60. *Washington Eclectic Medical Association.*—President, T. J. Piersol, Tacoma; Secretary, N. M. Cook, Seattle.

61. *Western Ohio Medical Association.*—President, G. J. Kent, West Liberty; Secretary, W. H. Graham, South Charleston. Quarterly.

62. *Western New York Eclectic Medical Society.*—President, T. A. Toms, Kenmore; Secretary, E. L. Downey, Middleport.

63. *West Virginia Eclectic Medical Association.*—President, W. H. Waldron, Naugatuck; Secretary, A. C. Lambert, Charleston.

64. *Wisconsin Eclectic Medical Society.*—President, H. A. Rice, Delavan; Secretary, R. C. Rodecker, Holcombe.

ECLECTIC MEMBERS OF STATE MEDICAL BOARDS.

(Revised to Sept. 1, 1917.)

Arizona.—W. H. Sargent, Phoenix.
Arkansas.—*R. M. Jernigan, Rector.
(*Separate Board*).—E. L. Sullivan, Poughkeepsie; C. E. Laws, secretary, Ft. Smith; L. Gardner, Atkins; W. C. Dallenbaugh, Pine Bluff; G. T. Jackson, Little Rock; E. H. Stevenson, Ft. Smith.
California.—H. V. Brown, Hollingsworth Bldg., Los Angeles.
Connecticut.—John W. Fyfe, Saugatuck; E. A. Markham, Durham; E. H. Marsh, Mansfield Center; James E. Hair, secretary, Bridgeport; R. C. White, New Canaan.
District of Columbia.—L. D. Walter, 1334 G St., N. E., Washington.
Florida.—Separate board, G. A. Munch, secretary, 1806 Franklin Street, Tampa; J. A. McDonald, Century; E. C. Aurin, Ft. Ogden.
Georgia.—A. F. White, Flovilla; O. B. Walker, Bowman; A. F. Fleming, Waycross.
Idaho.—J. J. Herrington, Gifford.
Indiana.—M. S. Canfield, Frankfort.
Iowa.—G. F. Severs, Centerville.
Kansas.—A. S. Ross, Sabetha; G. R. Dean, McPherson.
Kentucky.—George T. Fuller, Mayfield.
Massachusetts.—A. L. Chase, Randolph.
Michigan.— Nelson McLaughlin, Lake Odessa; A. L. Robinson, Allegan.
Missouri.—T. A. Son, Bonne Terre.
Nebraska.—W. T. Johnson, Pawnee City.
Nevada.—*S. L. Lee, secretary, Carson City.
New Jersey.—D. P. Borden, Paterson.
New York.—Earl H. King, Saratoga Springs.
Ohio.—S. M. Sherman, Columbus; John K. Scudder, Cincinnati.
Oklahoma.—M. Gray, Mountain View; W. T. Ray, Gould.
Oregon.—U. C. Coe, Bend.
Pennsylvania.—C. L. Johnstonbaugh, Bethlehem.
South Dakota.—W. E. Daniels, Madison.
Tennessee.—B. L. Simmons, Granville.
Texas.—M. A. Cooper, Childress; M. F. Bettencourt, Mart.
Utah.—C. L. Olsen, Murray.
Vermont.—*A. E. Parlin, Island Pond; P. L. Templeton, Montpelier.
Wisconsin.—*F. C. Haney, Watertown; R. C. Rodecker, Holcombe.

*Not members of the National Eclectic Medical Association.

HOMEOPATHIC MEMBERS OF STATE EXAMINING BOARDS.

Alaska.—Harry C. DeVighne, secretary, Juneau.
Arkansas.—Victor H. Hallman, president, Hot Springs.
(*Separate Board.*)—*George M. Love, Rogers; W. B. Hughes, 900 Scott St., Little Rock; C. S. Bungardt, Ft. Smith; Percy C. Williams, Texarkana; Scott C. Runnels, secretary, 90 0Scott St., Little Rock.
California.—Charles B. Pinkham, secretary, State Capitol, Sacramento.
Colorado.—David A. Strickler, secretary, Empire Building, Denver; Leonard E. Bartz, Windsor.
Connecticut.—E. M. C. Hall, secretary, 82 Grand Ave., New Haven.
(*Separate Board.*)—William Pitt Baldwin, 1145 Chapel St., New Haven; H. A. Roberts, Derby; *F. E. Wilcox, Willimantic; E. H. Linnell, Norwich.
Delaware.—H. W. Howell, secretary, 824 Washington St., Wilmington.
(*Separate Board.*)—*E. S. Anderson, Dover; *A. E. Frantz, Wilmington; *T. O. Cooper, Wilmington; J. Paul Lukens, Wilmington.
District of Columbia.—G. C. Berdsall, 1832 Kalorana Road, W. W., Washington, D. C.
Florida.—*Chas. W. Johnson, secretary, 33 Ellmorse St., Jacksonville.
(*Separate Board.*)—F. C. Whitaker, Brandentown; J. B. Griffin, Bishop Bldg., St. Augustine.
Georgia.—C. M. Paine, 629 Grant Bldg., Atlanta; R. E. Hinman, Candler Bldg., Atlanta.
Illinois.—G. M. Cushing, 6400 Harvard Ave., Chicago.
Indiana.—Wm. T. Gott, secretary, Crawfordsville.
Iowa.—Frank T. Launder, Garvin.

Kansas.—A. J. Anderson, Lawrence; C. F. Menninger, Topeka.
Kentucky.—C. A. Fisk, Frankfort.
Louisiana.—C. R. Mayer, 919 St. Charles, New Orleans.
(*Separate Board.*)—*J. W. Belden, New Orleans; *R. A. Bayley, New Orleans; *F. H. Hardenstein, secretary, 830 Canal St., New Orleans.
Maine.—William S. Thompson, Augusta; Austin I. Harvey, Bangor.
Maryland.—O. N. Duvall, secretary, 1817 N. Fulton, Baltimore.
(*Separate Board.*)—William Dulaney Thomas, president, 612 Professional Bldg., Baltimore; H. H. Stansbury, 920 W. North Ave., Baltimore; G. L. Ewalt, 905 N. Gilmor, Baltimore; M. E. Shamer, 3300 W. Worth Ave., Baltimore; G. H. Wright, Forest Glen; E. H. Wilsie, Chesapeake City; A. P. Stauffer, Hagerstown.
Massachusetts.—Samuel H. Calderwood, chairman, 221 Warren, Boston; N. R. Perkins, Dorchester.
Michigan.—George L. LeFevre, president, Muskegon; E. C. Kinsman, Saginaw.
Minnesota.—Thomas Lowe, Pipestone; Ida McKeen and A. M. Eastman, Minneapolis.
Missouri.—T. H. Wilcoxen, Bowling Green.
Nebraska.—Jos. H. Spatz, Fairfield.
New Hampshire.—*C. W. Adams, Franklin; *Henry M. Wiggin, Whitefield.
New Jersey.—*Edw. Hill Baldwin, president, Newark; F. Wilbur Cornwell, Plainfield.
New York.—H. B. Minton, president, 165 Joralemon, Brooklyn; M. J. Stearns, Ogdensburg.
North Dakota.—Jos. G. Dillon, Fargo.
Ohio.—Charles E. Sawyer, Marion; L. E. Siemon, 423 Erie Bldg., Cleveland.
Oregon.—H. S. Nichols, president, 803 Corbett Bldg., Portland.
Pennsylvania.—I. D. Metzger, 2nd National Bank Bldg., Pittsburg; D. P. Maddux, Chester.
Rhode Island.—John H. Bennett, Pawtucket, president.
Tennessee.—W. L. McCreary, vice president, 421 W. Clinch, Knoxville.
Texas.—T. J. Crowe, 908 Browder St., Dallas; H. C. Morrow, Austin.
Vermont.—G. I. Forbes, Burlington; E. Kirkland, Bellows Falls.
Virginia.—H. S. Corey, 18 W. Grace St., Richmond.
Washington.—Elmer D. Olmstead, 1926 Riverside Ave., Spokane.
Wisconsin.—G. H. Ripley, president, Kenosha; Fay T. Clark, Waupun.

*Not members of American Institute of Homeopathy.

READING NOTICES.

Tonics Preferable to Stimulants.—In selecting a tonic it is highly desirable not to mistake stimulation for tonic action. Stimulation means unduly exciting the higher nerve centers, suddenly and often excessively elevating the blood pressure, and providing a quick but evanescent effect which rapidly passes away and is many times more harmful than beneficial. Tonic action means the gradual restoration of functional efficiency—"helping the body to help itself." Thus, Gray's Glycerine Tonic Comp. is a true tonic, with all the advantages and none of the drawbacks of a stimulant. To state it tersely, "Gray's" is an aid and a support to body functions—a genuine prop—not merely a spur or lash.

Tertiary Syphilis.—As a means of controlling tertiary syphilis, Iodia (Battle) is of proven worth. Its iodine content insures a direct action against deposits and infiltrations, and brings about their resolution. A marked advantage of Iodia (Battle) in syphilis lies in the patient's tolerance, as a result of which it may be crowded and continued indefinitely with a minimum of untoward effects. The value of Iodia (Battle) as an antisyphilitic agent has been demonstrated for years, and that its employment is wider today than ever is the best evidence of the estimation in which it is held by the medical profession.

Cod Liver Oil for School Children.—When the need for cod liver oil in a child arises, an important point to have in mind in choosing a preparation is that of palatability. If the child is put on Cord. Ext. Ol. Morrhuæ Comp. (Hagee) the physician may know that he has chosen not only a palatable preparation and one that may be continued for long periods, but also that he has selected a cod liver oil preparation that is of the highest therapeutic worth. In Cord. Ext. Ol. Morrhuæ Comp. (Hagee) are found the essential properties of cod liver oil, and the physician may feel sure that he has chosen the best product for his little patients who are run down and in need of a tissue builder.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOL. IX. CINCINNATI, DECEMBER, 1917. No. 2.

FRACTURE OF THE ELBOW.

H. A. SHAFOR, M.D., DETROIT, MICH.

In speaking of fractures of the elbow joint, I will refer especially to injury of the lower extremity of the humerus, as this is a condition very frequently encountered and causes the surgeon great anxiety.

Regardless of the most extreme care and best judgment in the treatment of these cases, a certain amount of impaired motion or a change of the relation of the forearm to the arm is quite likely to occur, and the patient should be so advised. The unfavorable results in these cases are not necessarily due to undue care or lack of ability on the part of the surgeon, but to the character of the fracture itself. The displaced fragment may be in such a position that it may be impossible to reduce it and retain it in position. Or it may interfere with flexion or extension, or with the relation of the bones of the arm with the forearm, and again the callus attending the repair of the fracture may interfere with the function of the joint.

In all fractures involving the lower end of the humerus, I deem it advisable to administer a general anesthetic, to carefully examine and definitely locate the nature and extent of the fracture, to reduce the deformity and apply dressing suitable to the case. If it is at all possible a stereoscopic X-ray picture should be taken at once. This will reveal the exact position of the fragments and show the relation of the articular surfaces.

These fractures are reduced by extension and counter-extension and manipulation to bring the lower end of the bone into position. The arm is dressed either in an extended or flexed position, according to the idea of the attending surgeon. The deformity is undoubtedly most easily reduced and best maintained in the extended position, and the carrying function preserved. However, if immobility of the elbow joint results, an arm in the flexed position is undoubtedly much more useful to the patient than one in extension. In view of these facts, it seems best to dress the arm in the flexed position, if it is possible to maintain the reduction of the deformity.

The three cases which I wish herewith to report were compound, comminuted fractures and were dressed in extension.

No. 1.—Mrs. S., female, age 63, received her injury by a direct blow

from a street car. She had rather a fleshy arm and there was extensive swelling almost immediately following the injury. Palpation of the joint in the presence of extension and counter-extension presented a sensation as of a bag of shot. Regardless of the fact that this woman had 3 per cent. sugar in her urine, she made a splendid recovery and has no limited motion whatever. Passive motion was begun in two weeks.

No. 2.—Female, age 9 years, fell from a wagon and struck the elbow upon the ground, resulting in a compound fracture, as shown in accompanying picture. This arm was also dressed in extension; passive motion began in three weeks and it has returned to complete function.

No. 3.—Also a little girl about 12 years of age. Received her injury by falling while roller-skating. This arm was also dressed in extension and has healed up perfectly; she has no limited motion whatever.

I do not believe it would have been possible in any one of these cases cited to have dressed the arm in a flexed position and gotten the results that were obtained in dressing them in extension, as in each of them the deformity was quite marked when the arm was flexed and it was that which prompted me to dress them in extension. I believe that even if there should be a tendency to a fixation of the joint, if the passive motion were begun early enough, say two or three weeks following injury, and continued with increased frequency and intensity and by the aid of vibratory treatment, there could be sufficient motion restored to make the arm a useful member.

APPENDICITIS.

H. H. Helbing, M.D., St. Louis, Mo.

For fear we will go to extremes in our censure of surgeons for operating for this wrong, or rather become so enthusiastic over the medicinal treatment of the disease as to lose sight entirely of our responsibility in caring for these cases properly, has prompted me to write this paper. I will agree that there are some surgeons mercenary enough to try and diagnose a case one of appendicitis, when a certain fee is in sight, but where there is one of this kind there are hundreds that are conscientious and are looking after the welfare of their patients. On the other hand, there are many who have lost sight of surgery entirely, who, when a case presents, dillydally along with it, trying to cure the case and finally, if they call the surgeon at all, call him too late to save the patient's life. None of the cases that I have had are of this kind, however, but where the patients have been in a precarious condition it was due to their absolute refusal of an operation until death was staring them in the face.

Of the cases that I have operated upon for this wrong, 72 per cent. were not of the suppurative type; that is, no abscess had as yet formed, although the appendix was diseased and in time an abscess would have formed. In 38 per cent. there were abscesses of various kinds, some rup-

Case I.

Case II.

Case III.

tured, and it is of this type of cases that I wish more particularly to speak.

In the first place, we must be absolutely clear on our diagnosis, for the wrong is often mistaken for flatulency. There are certain unmistakable signs that will aid us materially in clearing up a case of chronic appendicitis. In most cases it begins with nausea or vomiting and rise of temperature, together with constipation. There is tenderness over McBurney's point, also Monroe's point, at the margin of the rectus muscle on the same line as McBurney's point. In some cases, however, when the appendix is not at its normal location, we may find tenderness below this point, usually down in the pelvis. Coupled with this is rectus rigidity, flexing the thigh for relief. and we have a picture that can not be mistaken.

A history of previous similar attacks will aid us in the diagnosis. In flatulency alone we usually have tenderness over the entire abdomen, not being any greater over the appendix than elsewhere, and we are also likely to have an absence of fever. Another sign that has been discovered by some one is tenderness over the twelfth dorsal spine to the right of the spinous process. Abrams says we should not mistake appendicitis for neuralgia, which is manifested by tenderness following the course of the sacral nerves around to the iliac region, but which usually extends down the front of the thigh. It also extends to the same region of the opposite side.

I recently had a patient sent to me by a physician from out of the city, whom we thought needed an operation for ovarian trouble. Upon examination, I discovered her extremely tender over the sacral vertebra, particularly of the left thigh, and so tender that she could barely stand the mild pressure of the fingers in this region. The tenderness diminished as we followed the course of the nerves around to the ovarian region, but the examination indicated that it was a case of neuralgia. The case was a neurotic, and, had we operated, her condition would have been aggravated. We directed the doctor to give her spondylotherapy treatment and the patient was benefited.

Should we have a case of acute appendicitis to treat, we must be familiar with the various complications that may ensue and be able to recognize a favorable or unfavorable change in our patient. Sometimes the symptoms are deceiving, for a very grave condition is coincident with a decline of temperature and a seeming improvement in the patient. A gangrenous appendix that perforates will cause a decline in temperature if there is any fever previously, for often the gangrenous type will cause no fever at any stage until general peritonitis sets in.

A ruptured abscess will also cause a decline of temperature, usually followed in a few hours by meteorism and return of fever. As a rule, other grave subjective symptoms will aid us to diagnose the serious condition we have to combat. In such a contingency our only hope to save the life of the patient is to operate, and every hour's delay rapidly destroys any hope of saving our patient.

In some cases gangrenous appendix is present at the outset of the disease and it soon sets up a general peritonitis. This is what you might term the fulminant type, for the peritonitis develops first locally, but rapidly spreads, and surgical measures must be prompt if you expect to save the patient. Fully 10 per cent. of the patients I have operated upon have been of this type. You may not believe that such a type exists if you have never seen any diseased appendices, but if you ever do see a case it will leave a lasting impression upon your mind of the insidious malignancy of this form of disease.

A ruptured abscess is more easy to diagnose than is a gangrenous appendix preceding peritonitis. In the case of the abscess, we usually have fever continually, with chills and localized pain. For the pain in an abscess is more apt to be circumscribed and constant. There is a history of a sudden turn for the worse, often shock followed by excruciating pain and vomiting, and, while the temperature subsides, it soon rises again and is higher than before. The abdomen often rapidly becomes distended and the symptoms are so characteristic that we cannot mistake them. In gangrenous appendix and in ruptured abscess, as I stated before, operate as quickly as possible, but before calling your attention to some particular points in the technique of the operation I wish to say a few words about the diagnosis of abscess.

When an abscess is developing we find that our patient is sick longer than he has usually been with previous attacks; the tenderness in the iliac region increases; the fever continues, with possibly a chill occasionally; it may have reached the stage when, if we expose the lower abdomen, by comparing the right with the left iliac region, we may notice a slight bulging; we may elicit tenderness by pressing in the dorsal region just behind the location of the abscess; there is even bulging in this region, if the abscess is large. There is dullness on percussion and we can outline an induration if the patient is not too tender for palpation.

In a clean case, when the disease has not gone beyond the wall of the appendix, invaginating the stump is the preferable technique for operation. In case of abscess that is unruptured, merely opening and draining is all that should be done. Later it may be necessary to operate for the removal of the appendix but I have never found that necessary.

In cases of gangrenous appendix with general peritonitis we should by all means remove the appendix. We used to think it best not to manipulate or stir up the appendicular region, which is necessary in the removal of the diseased appendix, but we have found that this does not aggravate the condition any and by removing the old rotten appendix we get rid of the infective focus producing the disease and it gives nature a better opportunity to clear up the trouble.

In general peritonitis, we not only put a drain in the right iliac region, but in the left iliac region as well, and also the right dorsal region. In women it is wise to drain through the cul-de-sac also, for pus, or any infective fluid, will always be found down in Douglas' cul-de-sac. Free

drainage is always essential. If we have a case of general peritonitis following a ruptured abscess, the same rules will apply as in a gangrenous appendix, viz., remove appendix and put in free drainage. The after-treatment will be indicated sedatives with echinacea, and I have also found pituitrin s. an efficient aid in the case.

I neglected to speak of the leucocyte count as an efficient aid in diagnosis, but most of us have not the means available for obtaining facts of this kind.

I have had a mortality of 65 per cent. in ruptured cases with general peritonitis. I wish to tell you of two of these cases—one fatal and one recovery—which are typical of all the others.

Caroline Meyers, age 13, had been sick one week. The attending physician had been treating her four days. Her pain and tenderness seemed to be central or over the uterine region, as much so as in the appendicular region. She seemed to be improved and wanted to get out of bed the day previous to the one I was called by the attending physician. The morning I was called she was seized with severe pain and the abdomen began to swell, her bowels failed to move and sick stomach supervened. An examination revealed swelled and tympanitic abdomen with great tenderness throughout. Auscultation revealed some peristalsis, which indicated that there was not entire paresis, which we often find in general peritonitis. Her temperature had been running up to 102, but now it was 99. We suspected ruptured appendix and advised immediate removal to hospital and operate as soon as she could be prepared.

Operation revealed a gangrenous, perforated appendix, the abdominal cavity being filled with a sero-purulent fluid. Drainage was introduced through the dorsal region to the cecum, in the left inguinal region, as well as through the original wound. We succeeded in getting the old rotten appendix out entire. She was put to bed in the Fowler position and proctoclysis used. Pituitrin s., a half c.c. every three hours. The operation was performed at 2:30 p. m. and vomiting ceased after this and the stomach was in such a condition that she was able to drink water during the night without producing nausea. In my experience after an operation of this kind the bowels move promptly and the stomach settles.

The second day distention became greater and there was some nausea; temperature 102 degrees; pulse 140. The third day expelled considerable flatus and gas which, of course, relieved. The pituitrin helps peristalsis and will aid in expelling gas. Enemas, of course, are used also. We were giving echinacea and essence pepsin, but when nausea occurred we used subculoyd echinacea. We gave milk and lime water, but this upset the stomach and bowels, so we switched to liquid peptonoids and foods of that character.

At one time in the progress of the case, my split rubber drainage tube came out of the right dorsal drainage opening, so I inserted a soft rubber catheter fenestrated. The dressings seemed to be dry at this

time, not enough drainage I thought. That night the temperature arose to 103 degrees and patient seemed worse, restless and suffering. During the night got easy and next morning the temperature was 99 degrees. Upon opening the dressings I found them saturated. Evidently my probing with the soft catheter opened up a pus pocket.

Her improvement was gradual, the temperature reaching normal the twelfth day after operation. The fourteenth day a fecal fistula developed, discharging from the right dorsal opening. While in the hospital, a case of diphtheria developed, in the room with her, and the fifteenth day after operation an exudate appeared on her tonsils; this gradually spread, became brownish, tongue heavily coated, foul breath and a malignant type of the disease developed. We could see that she would never survive, being in such an exhausted condition. She died the nineteenth day following the operation.

Mrs. Casey, aged about forty-five, was taken ill with what seemed to be gas pains and indigestion, about four days previous to my being called. The day previous to my call, her chart showed a temperature of 104 degrees; today it is 99.5 degrees. The abdomen is greatly distended, tympanitic and very tender throughout, the greatest tenderness being in the appendicular region. Diagnosed ruptured appendicular abscess with general peritonitis. The attending physician had called an ambulance, believing an operation imperative.

As soon as she arrived at the hospital, she was operated and a large amount of pus evacuated from the peritoneal cavity. The intestines were highly inflamed and there existed extensive adhesions. Owing to dense adhesions and fear of opening the cecum causing a fistula, we did not enucleate the appendix. We placed her in the lithotomy position and opened through the posterior vaginal wall into the cul-de-sac and evacuated more pus than had been evacuated from the iliac region. Drains were now inserted and the patient returned to bed so weak as to be pulseless. Strychnia, neutral camphor, hypodermoclysis of normal saline and proctoclysis were instituted, which slowly revived her.

The next day upon removing the dressings some fecal matter was noticeable. None was seen during the operation. The patient gradually recovered, the fecal fistula closing gradually, and completely closed the twelfth day. About 20 per cent. of my cases of abscess have resulted in fistula, all of which closed spontaneously except one.

One unusual occurrence was a gangrenous slough in this case of Mrs. Casey's. The abdominal wall along the line of the incision in the iliac region became gangrenous and we had a slough about six inches long and three or four inches wide through the entire abdominal wall down to the fascia. After this had all sloughed out, we drew the edges together with adhesive plaster and had a final good result without a hernia, which we fully expected we would have.

The only other anomaly we ever run across in our work was an appendix filled with pin worms. It was thought a few years ago that pin

worms were only found in the rectum or sigmoid, but there are several instances on record where they have been found in the appendix.

POLIOMYELITIS ANTERIOR ACUTA.

THEODORE DAVIS ADLERMAN, M.D., BROOKLYN, N. Y.

Can there be any justification in presenting a paper on a subject which has been so widely covered by so many writers? I think there is, providing you can present even one single new idea on the subject.

I do not know why the word "anterior" should be used in conjunction with the description of this disease, as it places a limitation which is more than often incorrect; neither do I see any reason why we should always speak of it as infantile paralysis, as this malady is met with in any of the four decades, and the adult cases are met with quite frequently at the present time.

Recent investigations by Popper, Lewis, Flexner and Rosenow place this sickness under acute infections. They succeeded not only in infecting monkeys and producing a clinical picture like the one found in men, but have transmitted this disease through a series of monkeys. We can, therefore, define this malady as an acute disease, found in children and adults, characterized by a loss of power in one or more limbs, a loss which is quite sudden and complete and which is followed by a wasting of the muscles paralyzed, as well as by febrile symptoms and some pain. This infection may prevail sporadically, endemically and epidemically.

Etiology.—The season of the year seems to bear a direct relationship in the occurrence of this malady, and it is very common in the warm months. It occurs in both sexes with about an equal frequency. Dentition, exposure to cold, sudden check of perspiration and traumatism all contribute very freely to the specific cause of poliomyelitis, which is a micro-organism, a so-called virus. This virus is present not only in the nervous tissue and certain other organs of persons who have died from poliomyelitis, but also in the nose, mouth and bowel discharges of patients suffering from this disease. Barnes and Miller found staphylococcus pyogenes citreus and staphylococcus albus in one of their cases. We may add here that poliomyelitis has been frequently observed in connection with other infectious disorders.

It is not my intention at this moment to devote any time to the consideration of the pathology of the disease, but I will take up the symptoms and clinical features as found in the different cases.

Symptoms.—The clinical picture presented by poliomyelitis is very characteristic and distinct. In most cases we get some fever, moderately high, and remittent in type. This usually reaches its height within a few hours and may reach 105 degrees F., but in most cases, at least in many of them, it will stay about 102 degrees or 104 degrees F. (Here,

by the way, it is worth noting the peculiar sudden drop of temperature after a lumbar puncture.) The entire nervous system seems to be involved, stupor is a common symptom, excessive irritability, some convulsions and delirium may be present, considerable pain in back of the body and limbs, and associated with these are the gastro-intestinal symptoms which are marked. At the onset we often find vomiting and diarrhea, while other cases may be constipated, while still in other cases general malaise will take the place of the above described symptoms. In quite a few of the cases in the last Brooklyn epidemic, the patient having been in good health, suddenly becomes restless, feverish, with some headaches and anorexia. There may be found a local superficial hyperesthesia of the abdomen or some cutaneous hyperesthesia, lassitude and restless sleep. The hypersensitiveness may be local or general with or without tremor, exaggerated patella tendon reflexes and some muscular twitchings. The pulse is rapid, out of proportion to the temperature. Some of the cases in Brooklyn presented very slight fever, some constipation, some with pain in and all over the body, others with no pain whatever, and, after the symptoms have lasted a few hours to a few days, the principal chief symptom came forth—paralysis.

Retention of urine and distention of the bladder make their appearance early in the course of the disease, due perhaps to slight paresis of the abdominal and visceral muscles. Rigidity of the muscles of the neck and back has been noted in many cases, while in infants vomiting and convulsions are common. Kernig's sign has also been observed. The older cases give information as to pain, and some of the observant mothers have noticed that the children cannot bear to have their limbs handled in the very early stages of the disease. The pain may be spontaneous, or it may be called forth by any slight movement.

The development of the paralysis may be rapid, in single spurts, which seem to hurry one after the other, so that in a short time it has reached a considerable extent. It may make its appearance any time from the first to the ninth day of the disease. In 396 cases studied by Dubois, nine occurred on the first day, 67 on the second, 120 on the third, 79 on the fourth, 27 on the fifth, 12 on the sixth, 10 on the seventh, and 1 on the eighth. The paralysis may attack both legs, or one leg, or one leg and arm, or all of the extremities, and even the muscles of the trunk may become affected. After a certain time has elapsed, the paralysis commences to diminish, and is very soon limited to a certain, definite muscular region, which remains permanently paralyzed.

Atrophy of the muscles begins to show itself, and, if toned with the faradic current, either do not respond at all or show a distinct, marked diminution of their excitability. The atrophy will reach its maximum development in about four to eight weeks after the onset of the sickness. If an entire limb is affected by the atrophy, the deformity resulting from it is not very considerable (save that of an undeveloped ex-

tremity), but if the atrophy is limited to a group of muscles, marked deformity may be produced. Many of the joints become so flaccid that you are able to place the paralyzed limbs in the most extraordinary positions. Tendon reflexes are absent in some of the paralyzed parts.

A clinical factor to which some writers have given great prominence is the presence of the Babinsky toe sign, which has been obtained in a few cases, but if we remember that in only a small number of cases are the toe muscles left intact, and that it is almost impossible to distinguish between a pathological extension and an infantile wiggle, we can, of course, see that this sign is not very dependable. Should it be present, it only shows that there exists some involvement of the pyramidal tract. A fact worthy of mentioning is that in some cases progressive muscular atrophy may come later in life in persons who long before had spine infantile paralysis, and this is explained by the fact that once the cells of the anterior horns become affected they never recover completely, and may easily succumb to a premature atrophy.

In connection with the early symptoms, we have to mention pharyngitis, tonsillitis, rhinitis and bronchitis as of common occurrence. The tonsillar manifestations may be of a mild character, and here it is worth mentioning the peculiar lack of resistance in examining the throats of these children, a procedure which is usually objected to by most children in other conditions.

A word or two about the value of laboratory diagnosis in these cases will not be out of place. In the examination of the blood in these cases, we find a leucocytosis, but this may be due also to some other infection with which poliomyelitis may be confounded. The examination of the urine is of no diagnostic value. The spinal fluid is the only thing that produces more or less reliable indications. The ground glass appearance has been found limited to poliomyelitis cases. A fibrin web has also been found to form in the poliomyelitis fluid on standing, and this also has been considered as a sure sign. Microscopically, poliomyelitis fluid shows an increase in polyomorponuclears, which may be replaced by the mononuclears.

I am not going to devote too much time in describing the different clinical groups or types met with, such as the cerebral type, which suggests an acute meningitis, or the abortive type, which does not seem to be associated with a succeeding paralysis, or the bulbo-spinal type, which is mostly associated with lesions of the medulla, or the pure spinal type, in which the chief lesion is in the spinal cord.

I would like to say here that the meningeal type is often confused with simple serous meningitis. The early appearance of paralysis, however, makes the diagnosis clear; great reliance is also placed by many upon lumbar puncture in these cases. One thing must be mentioned in regard to these meningeal types, and that is that the lumbar puncture brings the temperature down and relieves many of the symptoms. A very significant symptom in many of the cases is the peculiar aspect

of the child in general. The little patient seems to be in a stupor, the eyes are closed, and child irritable upon the slightest touch, and yet it offers no resistance whatever to the examination, a condition which is usually reversed in many other cases. In some cases a pseudoparesis of a rachitic child may be mistaken for poliomyelitis, but the absence of atrophy and electrical changes as well as the characteristic signs will tell the story.

Treatment.—There is no specific treatment of established value in poliomyelitis. At the onset it is essential that any patient suffering from this disease should be isolated from contact with others, as soon as possible, and such isolation to be kept up from three to four weeks. All bodily discharges should be disinfected. During the persistence of the acute symptoms, rest in bed is necessary, and a treatment such as in all febrile diseases in children is indicated. A light diet, bowels should be kept open by mild saline laxatives and diaphoretic measures; we must tend to the elimination of toxins. Keep the patient absolutely quiet, so as to prevent the extension of the inflammatory process.

The study of the serum treatment in poliomyelitis from statistics and results reported do not encourage one very much in this particular line of treatment. Lumbar puncture has been considered by some as an invaluable therapeutic measure. The different boards of health have treated cases that way with a death rate of from 21 to 26 per cent. Whether this should encourage you to try this sort of treatment, I will leave you to judge. Good results have been reported with the use of serum and adrenalin, but it is peculiar that the profession for some reason or other did not take to it.

I recommend the following treatment: Hot applications to be made to the spine and the child to be kept on the side and the affected limbs enveloped in wool to maintain the circulation. I do not employ any antipyretics unless the temperature runs up to 104 degrees F., when you may prescribe either aconite or gelsemium as per indications, while in many cases frequent spongings will do the work. If the child is in pain, or has some convulsions, I give small doses of lobelia with fair results, and far better ones than you may obtain from the bromides given by many physicians in these cases. The use of lobelia in these cases does away with the necessity of inhalations of chloroform, which we were obliged to use formerly. Veratrum viride is indicated in poliomyelitis when there exists a hyperemia of the cord and meninges. Aconite improves the toxicity of the mucous membranes of the nasopharynx in these cases.

When the acute stage has subsided, there remains little to do during the second week, except to nourish the patient and keep the limbs warm. Many have advocated the use of ergot, but I must say that I found it useless as a therapeutic agent in poliomyelitis, and, while the lesion is still active, I administer echinacea till the paralysis begins to

subside spontaneously, and when the active process has come to a standstill, give strychnine arsenate or nitrate, but not continuously; have intervals of three to four days, during which time you may administer xanthoxylum. I find that this drug invigorates your patient and exerts a special influence on the paralyzed parts, increasing the tone and functional activity. At this time I also administer avena sativa, which stimulates the circulation and promotes the lymphatic and venous flow. Electricity will also help maintain nourishment and normal contractability of the muscles, and as the faradic response is lost very early, the interrupted galvanic current has been used by me. Massage is of great importance and should be given daily with care, and local friction with a solution of magnesium sulphate is advisable.

To prevent deformities, see that the patient does not get into the habit of keeping the limbs in a bad position, and remember that in no disease is the orthopedic apparatus of more service than in poliomyelitis, and that special apparatus must be fitted to each individual case. The administration of tonics, such as cuprum, iron arsenate and cod liver oil will all contribute to your patient's recovery.

The use of urotropine recommended by Flexner from experiments claims that it lessens the liability of extension of the disease and tends to mitigate the severity of the disease. In my hands it has failed to produce the desired results, and I personally do not see why I should use it, even if it is germicidal and has merits (?) of entering the membranes, as well as the substance of the spinal cord and brain, in which the virus is supposed to be deposited.

Hydrotherapy is of some service. Warm baths will aid the general circulation and the flabby limbs will recover and benefit from the cool spongings.

The following statistics furnished by the New York Board of Health may be of interest: "Total cases placed under quarantine, 9,177, out of which 250 were found to be no cases," leaving 8,927 cases. Deaths from these came up to 2,343, or 26.24 per cent. Cases treated in the hospitals of the department of health, 4,474, with 653 deaths, or 14.59 per cent. of deaths in hospital care. Cases treated at different private homes of the patients, 2,040, with deaths 1,303, or 63.87 per cent. The above cases were up to October, 1916.

DISCUSSION.

Dr. William P. Best, Indianapolis, Ind.: We recently had the good fortune to have this subject discussed by Dr. F. F. Hutchins, of Indianapolis, who is one of the leading surgeons of the state of Indiana. Dr. Hutchins addressed our local independent medical society, composed of Homeopaths, Eclectics and physio-meds. He told us in the beginning that we knew practically as much about the treatment of this disease as he did, inasmuch as the treatments that had been used up to that time were notorious chiefly for their failure, and that the best results came from the use of apparatus specially designed to help these patients after the paralysis has somewhat subsided. He said that one of the

great dangers was the beginning of manipulation, electrical treatment, massage, and so forth, too early, while the muscles were still tender and sore before the patient is sufficiently recovered. He said the best way to handle your patient was to wait until the symptoms had somewhat subsided, and then do whatever the individual case seems to require.

Dr. W. N. Mundy, Forest, Ohio: I have been very much interested in the treatment of poliomyelitis. During the epidemic in New York City, I saw in my own practice in consultation five cases. I also took advantage of the situation to see, with my son, perhaps sixty cases. I made three trips to Toledo, he being the epidemiologist, and, therefore, having advantage of all the cases that were referred to the hospital, and he personally saw 187 cases. In the five cases that I saw there was absolutely no ground for infection because they did not come in contact. They were far separated from one another; the worst case had not been from home for five years, and in that case both limbs were affected. The other cases were affected only in one limb. The uncle of one child happened to be a physician, and he said the child was suffering from appendicitis, for which they operated. He had a large number of adhesions, but I do not think that appendicitis would produce the results obtained. The child is still lame. The appendix and the adhesions were removed, which formed a mass that before we opened the abdomen felt like a tumor mass; but the paralytic condition still remained with some atrophy.

My son advises me that in no instance has he been able to trace contact. I saw all types there, but this is what I wish to emphasize—that we older ones who studied poliomyelitis and meningitis in our youth in school will have to throw away all we have learned, all our notions of poliomyelitis and meningitis, and restudy the disease as it is now described by Flexner and other writers. Practically, I can see no difference between what we used to call spinal meningitis and poliomyelitis. In some cases I saw in Toledo I told my son that in my youth we would have called that epidemic cerebro-spinal meningitis. In one case which they called a bulbar case, when we got to the house the child was dead —so quickly did the disease run its course. So I say we will have to rewrite our ideas. In fact, Flexner says it is a meningitis. We were taught in school that poliomyelitis was not a fatal disease. I never saw a case of what we call poliomyelitis die, but I have seen many cases of meningitis die. There is always more or less deformity remaining. I am convinced in my own mind that what we used to distinguish as poliomyelitis and meningitis is now one and the same disease. Of course, we can make a puncture and study the fluid and that will differentiate the diseases.

Dr. W. E. Daniels, Madison, S. D.: I would like to ask if anyone has been able to establish the contagiousness of this disease. I have been delegated by the state board of health to visit various parts of the state to investigate epidemics, but I have not been able in any case to establish the contagiousness, and I think that is one of the important points. I have as yet to find my first case where two children of the same family were infected, and I have seen as high as eight children in one family, but only one would have it. Last year I was sent to the southern part of the state, and with one exception these cases were where the conditions were unsanitary. I would like to know if you have been able to establish the contagiousness of this disease.

Dr. L. E. Russell, Cincinnati, Ohio: Forty years ago we used to have cholera infantum, and we would have paralysis of a leg or an

arm, and sometimes on both sides. A mother would be doing her washing, and would take up the child and nurse it and fill its stomach full of hot milk, and in a few hours we would be called to attend a case that we would diagnose as cholera infantum. We had the same conditions as you have in this new disease. You have nothing new that I know of. We used to give Merrill's cordial and get the stomach and bowels cleaned out thoroughly, rectify the feeding of the child, and it would get well. I have seen a case in a family where there were two young children, one three and one a year old, the year-old child playing on the floor while we were mixing the medicine for the three-year-old child. We were called back in the night, and before we could get any medicine the one-year-old child died—from autointoxication. Sometimes we had the high fever and the cerebral condition; the child would keep rolling its head and the pupils were dilated—and if we had that we had a funeral. We thought nothing of its being a contagious disease. I firmly believe if these cases were to be sifted down, you will find lots of cases of death due to a pelvic irritation, some autointoxication from lack of proper care in nursing or feeding. Take a child with a temperature of 105 or 106 degrees F.; they go into spasms, and when they come out, an arm or leg is knocked out. I think this infantile paralysis is newspaper talk a good deal. I think they have magnified the thing much more than is necessary. If you have a baby with its stomach loaded up with a lot of milk, the first thing you want to do is to get its temperature down; use aconite, and a little bay rum at the base of the brain to cool it down and you will not have as many cases. In some cases they require circumcision, a bloodless circumcision, and you can do that by inserting a forceps and dilating the prepuce thoroughly so the child can make water freely and you will find a lot of cases will get well.

Dr R. L. Thomas, Cincinnati, Ohio: I can hardly agree with Dr. Russell that cholera infantum is the same thing as infantile paralysis. It is true that in cholera infantum we do have convulsions and cerebral disturbance, but I do not think they are the same. The name is a misnomer; it is not "infantile" paralysis, because adults have it—old maids and married women, too. But when it comes to the treatment of infantile paralysis, we do not know much about it, as the doctor admitted in his paper, for each case is a law unto itself. In one sense, every disease is that, but especially in infantile paralysis. We have patients with high fever, and cases where there is no fever, where there is seemingly nothing the matter except the paralysis. I had an interesting case of that kind last fall, where a girl, twelve years old, was apparently healthy enough, but she carried a temperature of over 100 degrees F. That went on for a few days, and, while she was carrying this temperature, she was seemingly well except the paralysis. In fact, I would not have known she had a temperature if I had not used a thermometer. The first day there were pains across the hips, but we thought that was due to menstruation, which was just coming on. The next day it was more serious, and, while she laughed and chatted and talked, the left leg was paralyzed. From that time on there were the usual symptoms of infantile paralysis. In other words, each case seems to be a law unto itself, and we cannot outline a rule of treatment for any case and say it will apply to the next case.

As to the infection, that is doubtful. You rarely have dual cases, but once in a while, as Dr. Mundy has said, he saw one family where there were four cases. That is unusual, and it suggests that there is an element of infection. When it comes to an examination of the

spinal fluid as a means of diagnosis, probably you will find something there that will suggest the disease, just as we used to in cerebro-spinal fever, but yet we cannot prove it. I remember a case where the patient died in twenty-four hours. In that case, we examined the spinal fluid and it was perfectly clear; did not seem to be anything the matter. The consultant said it was not this disease, and I said it was—and the patient died in a few hours. So you cannot always tell by examining the spinal fluid. But this is one of the diseases that is peculiar in the fact that nobody seems to know the cause; nobody knows anything that will cure it, and each case has to be treated as an individual case.

Dr. H. A. Shafor, Detroit, Mich.: I believe a great many cases that simulate spinal meningitis are due to mixed infection. Take, for instance, a child that has received a streptococcus infection, and sometimes it will have paralysis, or heart disease, and also lung complications. I do believe that if we make use of the laboratory it will give us a positive diagnosis by studying the cell conditions of the spinal fluid, together with the conditions of the blood count, and perhaps after awhile we can differentiate between these, and especially between the spinal condition and mixed infection.

Dr. T. D. Adlerman, Brooklyn, N. Y.: I believe it was Dr. Mundy who asked about the contagiousness of this disease. You know when this epidemic started in New York, the people became hysterical—and the doctors, too. As soon as the people became hysterical, our citizens from Italy in every district, stopped calling the doctors and reporting cases, and afterwards when the inspectors visited these places they found as many as three or four in one house. One case would come up and the others followed. I think that established the contagiousness of the disease.

I agree that we do not know what the disease is. I mentioned this in my paper. Dr. Mundy says the death rate was not high with them. I am glad to hear that, because our death rate in New York was very high.

I do not think it necessary to take up the argument given by Dr. Russell in regard to cholera infantum. It is out of my line, and I cannot answer it. As to the administration of the cordial he mentioned, perhaps these gentlemen who used it found good results, and, if so, I would advise their keeping on. I will not use it.

I agree with Dr. Thomas in regard to treatment. You cannot say, "Here is a treatment for poliomyelitis." It is one of the peculiar diseases of the nervous system, in which each case requires individual care, study and special treatment of its own. I have no issue with Dr. Thomas.

CLIMATIC AND OTHER TREATMENT FOR TUBERCULOSIS.

L. G. Downs, M.D., Waco, Texas.

There is no better climate to be found than prevails over most of the state of Texas for the prevention and cure of tuberculosis. Having abundance of nature's remedies—pure air, sunshine, pure water and good food—makes Texas an ideal resort for phthisical people. Oxygen, the most essential of all elements for the cure of tuberculosis, is found in abundance except in a few of the higher elevations. Just where and

how this life-sustaining and life-giving element can be best attained and utilized depends largely on the adaptability to the individual case.

The rarity of the atmosphere, the prevalence of dust, rapid changes in temperature and the difficulty of procuring abundance of pure water, are the chief disadvantages of a high and dry climate for the average consumptive. Excessive humidity is about the only disadvantage of sea-level climate, and could it be modified by evaporation and elevation, so it would be available, the sea-level atmosphere would be the most desirable for the average consumptive. Ozone or oxygen, being the most essential element for the benefit of tuberculosis, and the modification of sea-level atmosphere can be made practical, but it appears to me that an altitude of sufficient elevation, where the oxygen is ample and yet comparatively free from humidity, would be far more practical, less expensive and equally beneficial, provided that the environments and other features are favorable. An elevation, ranging from four to seven hundred feet above sea level, sparsely timbered with hilly and rocky land, in a semi-tropical climate, where there is plenty of good water, and the soil is fairly productive, would be the most desirable location for the average consumptive. The above conditions could be greatly enhanced with open and well-ventilated apartments, where the occupant might have a garden, vineyard, poultry, flowers, flocks or birds, or any suitable occupation, with good books and periodicals and other intellectual work, for most consumptives are far above the average in mentality and must have food for the mind as well as the body. The above locality should be near our large cities where working girls and clerks and other employes, who are able to work could enjoy the benefits and still be earning a living. Even those who are unable to work may derive a diversion and benefit by a close proximity to the city, where friends and home folks may be in easy touch. Two or three miles from a city is just as desirable as two or three hundred, and of all people the consumptive needs every possible means to relieve mind and body, and home comforts are among the very essentials, and a contented mind is absolutely necessary for the cure of any disease. The above conditions, in connection with suitable intravenous medication, will cure all curable cases of lung disease of a chronic or tuberculous nature.

Allow me to state right here a fact that has apparently escaped the majority of our men who are devoting their attention to the intravenous method and observation of disease; that is, the proper dose of medicine. My experience and observation has convinced me that the average large dose given by some of our men is not only not necessary but in many cases highly injurious. Furthermore, I wish to emphasize the fact that most of our so-called alteratives, such as echinacea, inula, berberis, phytolacca, guaiacol, iodine, ferrum, calcium and many other remedies, may be used to advantage by placing them at once into the bloodstream and in greatly reduced amounts. While I have used various medicines in-

travenously with marked benefit, I will report only a few cases treated with a solution prepared by G. H. Stagner, of this city, and myself, called F. G. C. and S. A. solution. It is composed of the following remedies: Acid salicylic, grs. i; guaiacol, grs. ii; calcium, grs. ii; ferri albuminate, grs. i; soda phos., grs. i; soda chloride, grs. ii; aquae and glycerin, aa 7.5 c.c. Sig.: Dose from 5 to 15 c.c., once or twice a week.

Case 2.—Male, aged forty-two. This was a typical case of well-developed tuberculosis. Occasional chills, with morning temperature, 100 degrees; evening temperature, 101 degrees F.; severe coughs, profuse expectoration, hectic flush, dirty, sallow skin, loss of flesh, weak and unable to eat or sleep with comfort. Respiration, 25; expansion, 2½ in.; soreness and rales over both lungs, at apex, and middle lobe of left lung. He had profuse night sweats and showed most every feature of a confirmed consumptive. His hemoglobin was 75, and there was marked reaction from Von Pirquet's test. Family history, negative. Gave him 10 c.c. F. G. C. and S. A. sol., September 24, 1916. October 2, feels some general improvement. Gave second injection. October 9, marked improvement. Gave third injection, and each week for two months. At the end of this time he had made such marked improvement that he insisted on discontinuing the treatment as he felt perfectly well, but as there was slight cough and expectoration, he took two more treatments at intervals of two weeks, at the end of which time I dismissed him, with the following conditions: No chills, no fever or night sweats, no coughs or expectoration, his skin was clear and ruddy, he ate and slept well and had gained seventeen and one-half pounds in weight, weighing, on commencing treatment, 127 pounds, and on dismissal, after three months' treatment, 144½ pounds. This man left me in the pink of apparently perfect health and has remained so up to date.

Case 3.—Female, aged thirty-nine, mother of six children. Father died with tuberculosis and mother is phthisical. Has one sister and one brother, who have developed tuberculosis. Weight, 119 pounds; morning temperature 100 degrees F.; evening temperature, 101 degrees F. Had incessant cough, with frothy expectoration, mingled with blood. Has a profuse hemorrhage about once a month. On examination of lungs I found a cavity existing in the middle lobe of the right lung and both apices involved. She had night sweats, was easily fatigued, and was emaciated. Lung expansion, two inches; respiration, 22; lung capacity less than 1,500 c.c.; hemoglobin, 75, with marked reaction from Von Pirquet's test.

September 1, gave her 6 c.c.; no reaction. Gave 7 c.c., September 4, and 10 c.c. on the 7th, 14th and 21st, with considerable general improvement, with a gain of six pounds in weight. At this time the patient sustained a severe shock and considerable injury in an automobile accident, losing one month's treatment. During this time she had two hemorrhages. On October 20, she resumed treatment and kept it up

fairly regular each week for three months, with but little improvement. At this time I insisted on her taking treatment for a highly congested and hypertrophied womb. This treatment was continued for two months, when she was practically cured of the uterine trouble and again resumed treatment. The weather was bad and she continued to take cold and had a slight attack of la grippe. At this stage she became discouraged and fell into the hands of another physician, who made a specialty of tuberculosis, and I understand that she is gradually getting worse. There are two features in this case worth special mention. Inherited tuberculosis with hemorrhage is less susceptible to treatment than other forms of the disease, and uterine diseases in women retard improvement in tuberculosis.

Case 6.—Female, aged twenty-seven, married, with two children. This woman is from a tuberculous family and has been afflicted all her life with catarrhal conditions and for the last five years she has suffered more or less with lung complications. She was a typical case of incipient tuberculosis of more than ordinary severe symptoms. She has gradually been losing flesh and strength for five years, no appetite, and is easily fatigued. Weight, 96 pounds; lung expansion, two inches; capacity, 1,800 c.c.; no temperature or night sweats; abnormal sounds over chest. Hemoglobin 80; reaction to Von Pirquet's test. Gave 5 c.c. F. G. C. and S. A. solution, October 16 and 22, 1916, and once a week for one month. At the end of the second week she had gained six pounds, had a ravenous appetite, and her general condition was much improved. I continued to give 10 c.c. of the solution for two months, every two weeks, at the end of which time I dismissed her, showing the following condition: Weight, 112 pounds, having gained 16 pounds. Her appetite remained good, and she had to get up at night to satisfy her hunger. Her skin cleared and her general appearance indicated perfect health. This woman made the most rapid improvement of any patient I ever treated for any trouble with any kind of treatment.

I have used the F. G. C. and S. A. solution for some time, and consider it a splendid remedy in all chronic disease of the lungs.

Mrs. McK. called on me, June 5; had been under treatment for the last six months by another physician. She had severe cough, free expectoration, and had in all twenty-seven hemorrhages. She had been confined to her bed for some time. Her evening temperature was 103 degrees F., with night sweats. I began the use of F. G. C. and S. A.; gave 15 c.c., June 5, 1916, and gave it every five days for thirty days, when the temperature was 100 degrees F. She was able to sit up some. Continued treatment for thirty days longer, giving 15 c.c. every seven days; temperature now 99 degrees, F.; able to be up and about, having gained six pounds and improved in every way. Continued the treatment every ten days for sixty days. At the end of this time she had gained twenty-five pounds, has no cough, and appetite is good. I have had improve-

ments in all cases of tuberculosis in which I have used this medicine. The following case from C. H. Stagner, M.D., of Waco, Texas, will give some assurance of the permanency of this treatment.

Case 2.—Mrs. C., aged twenty-three, with the following history: Pulse 110, respiration 25, temperature 100 degrees F. Pulmonary hemorrhage June 13, 17 and August 9, 1911. Ordinary weight, 140 pounds, which had decreased to 110 pounds. Menstruation suppressed for three months. T. B. bacillus in the sputum. Began the use of F. G. C. and S. A. solution intravenously, September 1, 1911, and continued it up to November 15, 1911, at which time the case presented the following conditions: Weight, 130 pounds; temperature, 98.6 degrees F.; pulse, 80; respiration 18, and menstruation re-established. The patient has continued in good health up to the present time, over five years.

At our last state meeting, Dr. H. H. Hudson, of McGregor, Texas, reported thirty-six cases treated with remarkable cures and general benefit. I could give favorable reports from several other physicians who have been using the above solution, but I will not extend this article further, and at some future date will give further data relative to its use. We claim no more for it than other valuable preparations on the market, but the size of the dose and one or two ingredients we believe make it a desirable preparation to use.

DIABETES MELLITUS IN CHILDREN.

R. L. Thomas, M.D., Cincinnati, Ohio.

Diabetes mellitus is a disorder of metabolism characterized by the presence of grape sugar in the urine, polyuria and excessive thirst. It is comparatively rare in children, though it may occur at any age. From one-half to 2 per cent. of diabetes occur during the first ten years of life, increasing in frequency with each year of life.

Etiology.—Possibly the simple fact that the urine is less frequently examined in very young children, owing to the difficulty in securing sufficient quantity for examination, may account for the less frequent diagnosis of this disease. Sex does not figure so prominently in children as in adults, there being about as many females as male children affected.

Race.—While the Hebrew race predominates in diabetic subjects, in the adult, it apparently has no influence in children.

Heredity.—Heredity seems to play a very important part in diabetes mellitus. The family history often shows one or both parents affected and, what is more striking, the parents were either blood relatives or intermarriages had occurred in close ancestors, suggesting an "endogenous degeneration." Tuberculosis and syphilis, weakening the secretive power of the pancreas, has also been considered an etiologic factor.

The exciting cause has probably caused as many theories as any

other disease, and as yet we cannot say positively what is the producing cause. Injuries to the central nervous system, such as falls, blows, severe instrumental deliveries or deformity of the brain. Many writers thus believe diabetes has a neurogenous origin independent of the pancreas or liver, while others equally contend that the nervous derangement is the cause of the pancreatic and hepatic disturbance, and, therefore, not the direct cause.

Pathology.—There is no constant characteristic lesion in diabetes mellitus. A certain per cent. of cases show a lesion of the nervous system, while others give no evidence of a neurogenous origin. More than half of all autopsies show some lesion of the pancreas, such as atrophy or obstructed ducts. Some writers declare that a diminution in the number of the islands of Langerhans will always be found in diabetes mellitus.

Symptoms.—The cardinal symptoms of diabetes mellitus, excessive thirst, increase of secretion of urine, excessive hunger, loss of flesh and increased feebleness, is the same in children as in adults.

The first noticeable symptom is enuresis, the first warning that nature gives of the trouble, the danger signal, and an examination of the urine should be made in every case of enuresis. This condition is followed or accompanied by excessive thirst, and not infrequently by excessive hunger. Flecks of sugar may be noticed on the underclothes and irritation of the genitals is a distressing feature. As emaciation becomes more rapid, acetone bodies appear in the urine, the breath has the odor of acetone, and we have acid intoxication, the same as in the adult.

The Urine.—Sugar, dextrose, is present from the beginning, which is increased whenever the carbohydrates is increased in the food. The quantity of urine is often twice or more above the normal and specific gravity may reach 140. As the end approaches, albumen may appear in the urine and "coma casts" are often seen. The approach of coma, the beginning of the end, is frequently foretold by nausea, vomiting, gastric pain and great nervous irritability.

Diagnosis.—The diagnosis, in the early stages, is often overlooked owing to the infrequency of examining the urine in children, especially in infants. The diagnosis of diabetes mellitus in children consists in finding, on a normal diet, the constant presence of dextrose.

Diabetes mellitus is sometimes wrongly diagnosed on account of a failure on the part of the physician to differentiate lactose, or the split product galactose, which in infants enters the circulation through the intestinal canal and is excreted in the urine, and dextrose. A simple test for distinguishing dextrose from other sugars is to boil the urine with an equal amount of a 10 per cent. solution of sodium hydrate for three minutes. Add Fehling's solution and boil again. If the Fehling's solution is reduced, the sugar is lactose and not dextrose.

Prognosis.—The prognosis in diabetes mellitus in children is even less favorable than in adults.

Treatment.—To overcome acidosis, which is nearly always present, milk of magnesia (Phillip's) is suggested till the blood is rendered alkaline.

In the administration of remedies we are to study each case carefully to determine, if possible, the prominent lesion which is aggravating the disease. If the presence of sugar is due to functional disorder of liver, chionanthus and podophyllin will be used with good results. Where irritability of the nervous system predominates, nerve sedatives will be called for, and wrongs of the digestive system must be overcome. Arsenic has long been considered a most important remedy in diabetes and may be combined with any indicated remedy. The use of the astringent diuretics have been used effectively by increasing the pancreatic secretion.

The dietetic treatment must form a very important part in diabetes, though we are to always bear in mind the fact that our patient's strength is to be maintained as far as possible, for we have accomplished little or nothing if our patient is progressively losing weight and strength, even though the sugar has been eliminated. The carbohydrates should be withdrawn till the sugar disappears, and then gradually restore them to the point of tolerance.

The same diet will not do for every case; generally, however, children do well on oatmeal and cream, eggs, whole milk, fresh vegetables and fresh fruits. The child should have gentle exercise and be kept much in the open air. The skin should be kept clean by daily baths to avoid as far as possible the skin lesions so common to diabetes. The bowels should move daily to avoid autointoxication and the tendency to acidosis.

TUBERCULOSIS—PROPHYLAXIS.

E. G. Sharp, M.D., Guthrie, Okla.

As the special features of this subdivision of the subject, tuberculosis, will be treated by other physicians, my discussion of it will be general, and as most of the thoughts along the line of general prophylaxis can be found in any of the text-books bearing on this subject, I shall discuss it briefly.

As we all know, tuberculosis owes its infection to the bacillus tuberculosis, and in this sense is purely an infective disease and not a contagious one, and this we wish to emphasize—the sole carrier of tuberculosis is the bacilli tuberculosis, the description of which it is unnecessary to give, as all can read it in any text-book on this subject.

These bacilli seem to obtain their best development in the lungs, hence the majority of serious tuberculous cases are usually of the pul-

monary type. The tuberculosis bacilli remain virulent for an indefinite period.

Most authorities claim that they become sterile after about twelve months, but instances are frequent where the indications are that they retain their virulence over a much longer period. Tuberculosis bacilli are not air borne, but are readily carried in solution in the discharges from a tuberculosis patient. Koch and other original investigators held that there was but one species of the tubercle bacilli, while later investigators claim that there are several distinct varieties. It is said that the disease never appears in animals in the wild stage, though I can see no good reason for this statement.

Being a chronic disease and possessing the characteristic of remaining latent in the system for years, renders the prophylaxis more difficult than if an acute or continuous progressive disease.

There is no question about transmissibility of tuberculosis from the lower animals to man, or man to the lower animals, though most authorities claim that the danger comes to man through the use of the milk rather than the meat of the infected animal.

Mortality statistics from all civilized countries show about one-seventh of all deaths are due to tuberculosis, hence the importance and need of greater and more sanitary and prophylactic measures to prevent the spread of the disease.

Pure air and sunlight are the best destroyers of tubercle bacilli, while dark, poorly ventilated quarters are its greatest breeding places. Hence the absolute necessity for well-lighted, well-aired quarters for all persons subject to the disease.

In a general summing up preparatory to the special discussion of this subject, I will say that I think greater care and more attention should be given to the prophylaxis of tuberculosis, and I hope that the special discussion of the subjects will bring out the best methods to be pursued as well as emphasize the imperative necessity for thorough prophylaxis.

THEN AND NOW.

Benj. E. Dawson, A.M., M.D., Kansas City, Mo.

On March 15, 1872, I entered the ranks of a rural practitioner in one of the central counties of my native state. My training had been in the so-called regular school; in fact, I had known no other from childhood. This was at the latter end of the transitional period from the old regime of phlebotomy, vesication, heroic medication and starvation. Clouds were yet to be seen and occasional mutterings heard of the iconoclastic storm; some of the old guard were still in the trenches, making a stubborn but losing fight against the reformers.

My old preceptor, who was also a quasi semi-partner, was a graduate

of the McDowel Medical College, of St. Louis. He was yet in the trenches, but his fortress of phlebotomy was a little dilapidated. He used the crude drugs largely, believing the process of manufacturing the finer products destroyed the therapeutic properties. It was his expressed opinion that every copy of Flint's Practice should be burned, because a young physician reading it would be afraid to bleed, blister or give a dose of calomel. Of course, my association with him strained my therapeutic glasses to the shade of his methods.

One day he sent me, where he was called, to a case of confinement. The patient was a large multipara and very grouchy because the young doctor came when she sent for the old one. She informed me that she was usually from two to four days in confinement. Not a very pleasant outlook; this was ante-telephone time, spring time, with all hands busy on the farm, five miles from my office. Ten dollars was the fee, regardless of time or trouble. It meant to "hang around" until I was needed, smoke the pipe and swap yarns with the old grannies, two or more of which were ever pragmatically present on such occasions.

I was rather impatient and put my thinker to work devising some means of escape. The os was dilated to the size of a silver dollar, and soft. The thinker proposed a plan and the will said "go to work." I then proceeded to give her a dose of ergot, a la the old doctor, which was a decoction of the crude grains. With a rag and hammer, I crushed some of the grains, put them in a tin with water, and boiled over some coals on the hearth, in front of an old-fashioned fireplace. Of this I gave her a generous dose. In due time there was something doing. There was only one pain, which was continuous and terrific, until the babe was expelled, like the wad out of a popgun. It landed between the mother's feet, at the full length of the cord, making no halt at the exit of the shoulders.

Fortunately, there were no complications following. My patient was delighted, overflowing with gratitude and my assets of efficiency went up 300 per cent. She was very thankful that the old doctor had sent the young doctor; she had never had such a quick time. "All's well that ends well." At first, I gave myself a few pats of self-congratulation, but after a calm, deliberate analysis of the entire episode, my heart bounded with gratitude to an all-wise Providence, which shielded me from disastrous results of my ignorance.

The memory of this event has been a red light of warning, turning me from many dangerous methods, learned from the dominant school. While there was no bad result following this procedure, its memory now almost makes me shudder when I think what "might have been."

In those days we knew little or nothing of aseptic or anti-septic surgery, or the laws of infection or contagion. Bacteriology was unborn. Our teachers emphasized the importance of diagnosing healthy

or laudable pus. The accoucheur carried the infection of puerperal fever from one patient to another, leaving a trail of orphans and broken homes without any compunction of conscience. Should I practice medicine and surgery now as I was taught then, I could and should be prosecuted for malpractice.

The text-books used then are now obsolete. In fact, we must buy new books every few years or we are classed as old fogies. We are constantly changing. Times, manners, dress, etc., have made marvelous changes. Then the large cities only had hospitals, and only a favored few doctors had patients therein. Then there were few nurses and they were mostly males. In the country and smaller towns, the neighbors and friends did the nursing, free of charge, taking turns of one or more each night. In the busy season, two would stay until midnight, when two others would relieve them. It was customary to serve coffee and a light lunch at midnight, or rather to place it where the nurses could serve themselves. They were not called nurses but watchers, and instead of calling it nursing, we called it sitting up with the patient. Some were wise and some were otherwise; some watched and some needed watching; some were close observers and efficient; some were careless and inefficient. They were a source of worry to the physician. Now we must either take our patients to the hospital or have a professional nurse at twenty-five dollars per week, who orders and bosses everything from dad to doughnuts.

If a patient died then, as they sometimes did, all the neighbors and the doctor soon knew it by seeing the feather bed hanging across the front fence. When the patient was seriously ill, the doctor, with dark forebodings, anxiously looked for the feather bed as he approached the house on each visit. Some kind friend took the measure of the body to the cabinet shop, and ordered a coffin made to that measure. Others volunteered to dig the grave in the "graveyard," while others, generally young people, came to sit up with the corpse. All who had buggies, spring wagons, or even farm wagons, came to the funeral to convey the remains and members of the family to the burying. The coffin, and sometimes a few extra articles of clothing, were all the expense incurred by a death in those days. Now, when this sad event takes place, the undertaker, who must be licensed, is called and takes charge, furnishes a hearse, or funeral car, with ample carriages or automobiles. Costly flowers must be ordered, and the sexton paid for digging the grave.

Changes are coming and going. Like the pendulum, we usually swing from one extreme to the other. The dominant school has left the large doses and gone to the other extreme of medical nihilism. From the old settled regime, they have swung to uncertain fads, which exist today and tomorrow they are gone. From the individual thinking and independent action they have drifted to ultra-organization, where kaiserism issues its ipse dixit from Chicago. From the sick room they have rushed

to the laboratory. From the alimentary canal and the tubes of the body they are peeking into the test tube, and from the invalid to the incubator.

Outside of surgery, serum therapy is about the only therapeutic measure they have left. In this they out-homeo the Homeopaths in attenuation and similia similibus curantur. What the next fad will be deponeth sayeth not.

Let us not deceive ourselves with the belief that the so-called sectarian schools are the object of all the jealousy and malice of the dominant school. The would-be leaders have ever been jealous of any progress made by others. Harvey, Jenner, Hahnemann, and many others felt the storm of their wrathful vituperation. Anyone who reads the autobiography of J. Marion Sims will have his eyes filled with tears of sympathy and fired with indignation at the injustice, persecution and calumny heaped upon this good man by the members of his profession.

While some good things have passed away (we regret to say), withal we have made wonderful progress. In this strenuous age, the old-time neighborly kindness and hospitality have almost passed into obsolete forgetfulness. It would be a good thing if we could hermetically seal up some of this genuine hospitality and place it in a museum for the benefit of future generations. However, I am not a pessimist. We are living in the greatest age the world has ever known. Nothing would induce me to go back and live the old life. While the memory of my childhood days is very sweet, its pictures ineffaceably painted in the colors of the rainbow on the tablets of my soul, I do not wish to live them over. With all our modern conveniences of telephones, automobiles, railroads, etc., in this age of steam and electricity, I can live longer, see and enjoy vastly more, in forty or fifty years than did Methuselah, who lived nine hundred and sixty-nine.

DISCUSSION.

Dr. W. E. Daniels, Madison, S. D.: Then and now reminds me of a case I had a number of years ago and the "then" was much better than "now." It was a fellow who had delirium tremens. He had been carrying on for two or three days and was in a pretty bad condition when he came in. He had not slept for a couple of days, and soon after we got hold of him erysipelas developed, and we had this in addition. I prescribed eighty grains of sulphonal, about six grains at a dose, and told them to give him a dose about every two hours until he slept. It was very cold, stormy weather, and I was called to another town east of there; my train was blockaded and I did not arrive until about four the next morning. As I came up the street, I noticed a light in the window of this house, so I thought I would go up and see how the patient was getting along. When I went in I noticed a new man there—we had to have men to take care of him—and the patient was sleeping soundly. I went over to the table and said to this man: "How many powders did you have to give that fellow?" He said: "I gave them all to him and he has been asleep ever since." He slept all that night and

the next day and the next night, and awakened the next morning with his mind clear and the erysipelas had all disappeared and that was all the trouble we had. So the then beats now.

VEGETABLE OR NATURAL MEDICINES AS COMPARED WITH CHEMICAL OR ARTIFICIAL MEDICINES.

Wm. M. Gregory, M.D., Berea, Ohio.

The great superiority of medicines made from plants lies in the fact that they are nature's remedies, created and placed in nature's storehouse from the beginning of the world for the healing of all the ills of mankind. Our being able to maintain the human system in a condition of health, or to restore it, if diseased, depends absolutely upon a knowledge of nature's requirements and obedience to her mandates. As the practice of medicine can never become an exact science but must always remain an art, varying with the different requirements of each and every patient, those practitioners only are doing their full duty who study Mother Nature's wants constantly and closely, and who obey her mandates implicitly and instantly.

The history of all known races of men, civilized, semi-civilized and savage, running back as far as we can get into the dim ages of antiquity, shows us that in every country, at all periods, all races of men have used plants for the healing of diseases. We owe the greater part of our knowledge of valuable curative plants to domestic botanical remedies, as known and used by the common people of the civilized races, and to aboriginal botanical medicine, as known and used by the savage races of the world, and by the American Indians in particular. The great objects of primitive plant medicines, whether domestic or aboriginal, seem to have been: First, to get something to heal wounds; second, to get something to combat fever; and third, to get something to remove the waste of the body, or, as we express it now, to produce thorough elimination through the bowels, kidneys and skin.

For generations the virtues of the Calendula Officinalis, or common marigold, have been known in domestic science to promote the healing of lacerated wounds, but it is only within the last ten years that we doctors have known that it is the most sure and certain germicide in the world. Any man with an open mind and a desire to know the truth, who watches the effect of intelligently prescribed botanical medicines, cannot fail to see at once how wonderfully and magically they meet the demands of nature and remove the obstacles that are hindering her perfect work. Here is a point that the earnest medical seeker after truth should not fail to observe: That the plant remedies or nature's remedies all co-operate with nature and aid her in restoring the correct working of all the vital processes of the human body, and that the synthetic, chemical or artificial remedies all obstruct and hinder na-

ture, slow up, or stop entirely Mother Nature's vital house-cleaning processes of elimination, and leave the patient free from pain, it is true, but with a weakened heart, and all his toxins still locked up in his body.

During the last few years, while clinical medicine has been so terribly neglected and laboratory researches have been so unduly magnified, an enormous amount of error has crept into the medical profession through many men putting almost absolute dependence on the work of organic chemistry. Now, chemistry has made great strides in the last quarter of a century, but it has by no means gone far enough to be able to tell whether a certain plant is curative to a sick human being. The chemical tests of the laboratory, made upon healthy animals, are conclusive enough as to the toxic, or poisonous qualities of a plant, but give us no information that is conclusive as to plants that contain no alkaloid, resinoid, glucoside or active principle whatever. There are hundreds of splendid vegetable remedies that must be used as entire or complete medicines. They are the safest and the most successful medicines in the world, but they will reveal nothing to analysis, and the art of clinical medicine has no names as yet for the curative principles that they contain. Considering that one hundred years ago only two active principles—morphine and quinine—were known to organic chemistry, it is really the heighth of absurdity for chemistry to claim that she can tell us all about vegetable medicines.

To show how exceedingly fallible any tests but clinical ones must be, let us mention the fact that chemists claim that synthetic sodium salicylate, made from coal tar, is just exactly the same drug as natural sodium salicylate made from the natural oil of wintergreen. They claim this because the two preparations respond just the same to chemical tests. The human stomach, however, the gastric mucosa, absolutely refuses to accept them as the same, as the synthetic salicylate often produces marked symptoms of irritation in stomachs that are cured of their ailments by the natural drug. If any chemist wishes to know the truth concerning these two preparations, let him take, himself, a ten-grain powder of the natural salicylate, and, after a proper interval, a ten-grain powder of the synthetic. The marked difference in the effect will show him conclusively that the plant medicines contain a vast number of medicinal principles that organic chemistry has no means of detecting.

Of all its various failures to make good, synthetic, or artificial medicine, is more to blame for its failure to do anything practical for the great American ailment, auto-toxemia, than in any other one line. With our complex civilization, our lack of fresh air, our fast eating, our overeating and our lack of attention to body wants, thousands of us are poisoned to death every year through inability to throw off our poisonous secretions. For some years I have made a specialty of the treatment of chronic diseases, such as rheumatism, sick headache, gallstone attacks,

hepatic congestion and enlargement and dyspepsia of all kinds, and I have found to a certainty that auto-toxemia is the great cause, forerunner and preparer of the way for all these pests of mankind. Imagine any man who loves his profession, being such a fool as to try to clear out a toxic bowel tract with phenolphthalein when he could use the specific podophyllum peltatum.

For the relief of pain, for the establishment of perfect elimination, for the restoration of function in any of the organs of the body, for any help that will put nature's processes in perfect running order, the plant medicines are superlatively the best ever discovered or used by any medical men anywhere, at any time, in the history of the world. And I that tell you so, am a man that has spent twenty-five years in making himself equally proficient in Allopathic, Eclectic and Homeopathic medicine.

The symptomatic indications for plant medicines as laid down in the works of the best Homeopathic writers on therapeutics are a wonderful guide to success in prescribing these nature remedies, and I wish that every good clinical doctor in the United States was familiar with them.

As I am an absolutely non-sectarian doctor, I do not wish to be understood as condemning chemical or mineral remedies entirely. I use some of them and consider them necessary for certain special purposes. I do deplore, most strongly, the very large use made at present by many men in the profession of the synthetic remedies, or coal tar derivatives, as they are not really curative agents, and their long-continued use will permanently weaken the action of the heart. Those of us that are therapeutic experts rather than therapeutic nihilists, ought always to use the best of everything, for which reason I do not like to hear men writing about using the fluid extracts of plant medicines when they could just as well have the specific medicines and thereby get all there is in the fresh plant.

Remember that every case of acute rheumatism or rheumatic fever you break up and eradicate in the first week or ten days insures that man against a valvular heart lesion of the kind that has cost thousands of men their lives. Go after the disease with your specific Bryonia, Gelsemium, Veratrum, Iris, Rhus Tox., Cactus and Natural Sodium Salicylate. Remember that uric acid and urea are not the only toxins you have to combat in curing rheumatism. You are very likely to have to use a lot of house-cleaning medicine like Specific Podophyllum, Chelidonium, Chionanthus, Iris, Apocynum, etc. It is well to be extremely careful in making a diagnosis to differentiate between arthritis and rheumatism, and never to hold out any expectations of a cure to anyone with a case of arthritis, as it is a germ disease and has not been cured by specific medication to my knowledge.

If you get hold of a bad case of sick headaches, frequently repeated, remember that this person is loaded to the guards with autotoxins. Get

after them with your Specific Gelsemium, Veratrum, Iris and five-grain powders of Natural Sodium Salicylate, taken in plenty of hot water.

For gallstone attacks, always remember that Specific Chionanthus leads the world. I have used it in combination with Specific Chelidonium, Veratrum and Bryonia, and have, so far, never failed to give permanent and complete relief. It does the work physiologically by thinning the bile. The long-continued use of Chionanthus, Gelsemium, Veratrum, Bryonia and Chelidonium by one of my patients reduced a most enormously enlarged liver to its natural dimensions. In all cases with any auto-toxemia, I would like to recommend a certain stock housecleaning remedy called the "Gastro-Hepatic Pill." It is composed of Podophyllum, Aloin, Hydrastis, Leptandrin, Gamboge and Capsicum. This is not intended to take the place of the specific indicated remedies, but it is a valuable assistant to your treatment.

From my observations during the last few years I have formed the opinion that those of us that spent several years in strenuous study of the Homeopathic symptomatology and materia medica, and afterwards took up the study and use of Eclectic and specific medication, are getting the most out of plant medicine. In the treatment of acute appendicitis, particularly, plant medicines or specific medicines have been wonderfully successful. In any case of appendicitis, of frank and sudden onset, where there is no reason to suspect the formation of an abscess, there is no reason why the case should become a surgical one. The skilled and vigorous use of specific medicines will abort or jugulate the case within twenty-four hours and result in a comlete cure without surgery. You must give your Specific Aconite, Gelsemium, Bryonia and Belladonna every thirty minutes and have your extremely hot applications renewed every fifteen minutes. I am glad to see that the pernicious icebag is going out of fashion, as it has done harm enough. The very life of these patients may depend on getting free movement and complete relaxation of the bowels, and excessive cold tends to lock up the toxins in the bowel tract more tightly than ever.

Remember the part that uric acid, urea and the other pirates that consort with them often play in the causation of spasmodic or bronchial asthma. Natural Sodium Salicylate and Specific Iris, Apocynum and Podophyllum will often be needed here. For immediate relief of the acute attack probably Specific Hyoscyamus and Lobelia will give prompt help oftener than any other remedy, but you must give them in good-sized doses.

For the ordinary case of common dyspepsia, with a dull, heavy pain in the stomach, there is probably nothing better than Specific Bryonia, Gelsemium, Veratrum and Belladonna, which should be alternated with five-grain powders of Natural Sodium Salicylate, taken in hot water, if the patient is troubled with fermentation or gas.

For irritation at the base of the bladder, which becomes a chronic affair and almost drives the patient insane in some cases, I have found

Specific Salix Niger and Hyoscyamus the best prescription ever discovered.

With regard to the use of serums and vaccines as curative medicines, now so alarmingly common, those of us that are apostles of advanced therapeutics must take the attitude of those who desire to "prove all things and hold fast to that which is good." We must remember that they are not gaining a foothold by their own merits, but by means of a campaign of most incessant and skillful advertising, paid for by great pharmaceutical corporations that can command millions of dollars. After twenty years of observation and study, I will say that the cowpox vaccine for protection from smallpox, and the diphtheria antitoxin for the cure of diphtheria, are the only ones I would have sufficient confidence in to use myself. In injecting into any patient the antityphoid vaccine, the autogenous vaccines made from the patient's own pus, or the phylacogens used by some men for rheumatism, every doctor should remember this absolute fact: "You are injecting into this man's body a virulent poison, the severity of whose reaction in his partiular system you have no means of knowing in advance." The antityphoid vaccine really seems to confer immunity usually for about one year, after which time careful students of its action have reported that the patient succumbs to typhoid very readily and shows a greatly weakened cell resistance to the disease. If serums and vaccines have any legitimate field of action, it is in those diseases only that are positive infections, or diseases caused by a specific germ, and the attempt to treat a disease that is a pure and simple auto-toxemia, like rheumatism, with cultures of disease germs, is a most deplorable evidence of therapeutic ignorance. The willingness to use every kind of advertised and exploited nostrum, especially the noxious products of German coal tar pharmacy and the vast number of proprietary remedies, and the host of serums and vaccines, is direct evidence of therapeutic ignorance, lack of interest and unwillingness to study materia medica and therapeutics on the part of large numbers of the medical profession.

In getting back from serums and vaccines to good medicine, it may be appropriate here to remark again that Calendula is the most sure and certain non-toxic germicide ever discovered, which is probably the reason that a prescription of equal parts Calendula, Hydrastis and Glycerine will cure any case of non-specific leucorrhea, however bad or purulent.

I say nothing about the present cost of the ingredients in this prescription. As we are the people who possess the means of reforming modern therapeutics and making curative medicine of direct and positive value to every suffering human being, it is extremely necessary for us to remember all the powerful curative agents we have at our command.

In Specific Apocynum, we have the best diuretic and best remedy to remove dropsical conditions, with weak kidneys and a failing heart, that was ever discovered.

In Specific Matricaria Chamomilla we have the one best baby medicine for febrile and gastro-enteric conditions that is known in any system of medicine. It should usually be used in combination with Aconite, Gelsemium, Bryonia or Belladonna.

In Tincture of Cinchona and Specific Ignatia we have two of the best tonic and strengthening medicines in the world. Cinchona should be brought into use wherever there is any sign of anemia. Ignatia, besides being a wonderful tonic and system builder, is a great nerve sedative, and is needed by thousands of neurotic and hysterical women.

In Specific Gelsemium, Veratrum, Pulsatilla and Cimicifuga we have the most excellent and reliable prescriptions for the relief of dysmenorrhea, and the regulating of irregular monthly periods that is to be found in any materia medica.

Always remember Tincture of Cinchona and Specific Hydrastis for too profuse monthly periods.

For all troubles partaking of the nature of bronchitis and the stubborn and long-standing coughs that it usually leaves behind, the Specific Bryonia, Gelsemium, Veratrum, Ipecac and Lobelia will do more than all the cough syrups in all the pharmacies.

In conclusion, I would like to put in a word of earnest warning and admonition. If the botanical medicines are ever to take the place they deserve in the estimation of the great mass of the medical profession of the country, those of us that know their virtues have got to do more writing than we have been doing. We have got to work persistently to get them into the hands of the Allopathic profession. If the larger and ultra-sectarian Allopathic journals will not admit articles on botanic medicine, there are plenty of the better sort, mainly devoted to therapeutics, who are really non-sectarian, and who are glad to publish all the well-written articles they can get on botanical or plant medicine.

EYESTRAIN AND ITS RELATION TO THE GENERAL PRACTITIONER.

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Under the present status of general medicine, the physician who is not somewhat familiar with the condition we rather loosely call eyestrain and its far-reaching and pernicious effects, is not ordinarily conversant with present-day medical literature and must be many times in error in his diagnosis of certain conditions and cases, and, therefore, wrong in his treatment of them. This being the case, that physician is handicapped to just that extent in the successful handling of his practice. We cannot and should not all be specialists, but we all should have a general knowledge even of special subjects, and the general practitioner should have a familiarity extending even to a practical working knowledge of them, to be able to advise properly the com-

munity he serves. That we may all gain a clearer understanding of eyestrain, its causes, symptoms and results, I will endeavor to discuss it in this paper from the standpoint of general rather than special medicine.

Definition.—Under the present loose application of the term, the following definition is as brief as I can give and yet be comprehensive. Eyestrain, or asthenopia, embraces weak or painful vision, with a condition of eye fatigue usually acompanied by reflex symptoms, and which may or may not be associated with, or the cause of, functional disorders general in character, the whole causing much mental and physical suffering and produced as the result of an effort of the ocular apparatus to overcome some insufficiency or abnormality, or to do work beyond its physiological capacity.

I shall not go into a discussion with the extremists, who, on the one hand, argue that every error of refraction or every case of muscular imbalance must sooner or later cause functional disturbances and reflex troubles, or even organic diseases somewhere; and who, on the other hand, deny the theory of the reflex causation of disease and scoff at the idea of the eye being the source of any reflex disturbance or functional disorder. I believe in the happy medium and take the reasonable position that there is a basis of truth in all theories, and that while every case of migraine, headache, vertigo, nausea and vomiting, blepharitis, conjunctivitis, chorea, epilepsy and neurasthenia, etc., is not due to errors of refraction or imbalance of the ocular muscles, many such cases are due to disorders of the visual apparatus, and eyestrain as a possible cause in all these and many other conditions, should always be kept in mind by both specialist and general practitioner.

Causes and Varieties.—Pohlman, from the standpoint of the phylogenesis of the eyes of animals and man, divides his cases of eyestrain etiologically into two general classes: (1) Those caused by errors of refraction, and (2) those due to muscular imbalance. While his evolutional theories may not be correct, for the purpose of this paper this classification is the simplest and best I know of, and for all practical purposes these two causes are all we need consider here.

Now we will briefly discuss these causes and the manner in which they produce the syndrome of symptoms we call eyestrain. While the optically perfect eye is a physical impossibility in a living, changing organ, the comparatively physiologically perfect eye is not so unattainable, though even it is rarely found. In a physiologically perfect eye in a state of absolute rest, parallel rays of light are so exactly focussed that the picture transmitted from retina to brain is perfect in its definition. This state of absolute perfection is never present even normally, as almost all animals and children are born with optical defects, being either farsighted or astigmatic, and to enable them to overome these defects, or to compensate for them, the ciliary muscle was placed in their eyes, and with it they not only correct the images of distant objects, but focus near-objects, as in reading and writing. Now, if

during the period of growth, the anatomical development of the eye is normal, these optical defects of birth comparatively disappear, the ciliary muscle has only its normal accommodation to perform, parallel rays are focussed exactly on the retina with the eye in a state of rest, refraction is normal, there is perfect muscular balance, vision is easy, images are clear, and the eye is said to be emmetropic and orthophoric. With such an eye it is questionable whether there would ever be any strain on its seeing function until presbyopia, or old sight, the physiological change which sooner or later occurs in every eye, sets in. But if during the period of growth the anatomical development of the eyes is abnormal and we have a continuance or exaggeration of, or additions to, the defects of birth, and in addition to the errors of refraction or because of them there is muscular imbalance, then parallel rays are not exactly focussed on the retina with the eye in a state of rest, refraction is not normal, vision is painful, images are distorted and the eye is said to be ametropic and heterophoric. With such an eye the ciliary muscle is excessively used and is constantly straining to overcome the refractive error, while the extra ocular muscles are making an abnormal effort to balance the motor apparatus and preserve single binocular vision, and at last nature rebels and we have the phenomena of eyestrain as the result.

Symptoms.—To describe fully and analyze the reasons for all the symptoms that may accompany eyestrain would be too great a task. Many of them, especially the reflex symptoms, are heard in the consultation rooms of every physician, from all sorts and classes of patients; so in this article I will endeavor to lay stress on only those that would suggest a special or probable connection with the ocular apparatus and which should always be remembered in that connection by the general practitioner.

First and foremost is headache. In all cases of headache that have any degree of periodicity or persistency I would advise you to first eliminate the eyes as a possible cause before going on to any form of treatment. But especially are the headaches which occur regularly, are worse in the afternoon, are aggravated by use of the eyes for near-work and are relieved by rest, to be suspected as ocular; and nine out of ten such cases will be found to be either hyperopic or astigmatic, or both, and when the error of refraction has been corrected the headache will disappear.

Second is fatigue of the ciliary muscle, if accommodative; of the extrinsic muscle, if muscular. In such cases, when the eyes are used for near-work for more than a short period at a time, there is discomfort, dimness of vision, confusion of images, pain and soreness in and about the eyes, headache of a frontal character, if accommodative; of an occipital character, if muscular—though both often go together and both may be caused by close work. Theater-going or sightseeing, drowsiness, photophobia and congestion, itching and burning of the lids, etc., all

symptoms being worse at night when artificial light is used or when the patient is tired. With some or all of these symptoms present in a case, the first thing to do is to determine the condition of the refraction and motility of the ocular apparatus, and in the majority of patients with such symptoms, even if others are present elsewhere which seem to overbalance them, you will find eye troubles which, when corrected, will clear up not only the symptoms referable to the eyes, but many of the other symptoms as well.

And that brings us to the third and last, but not least, reflex symptoms, or those functional disturbances not always distinctly referable to the seeing function or motility of the eye, such as nausea and vomiting, vertigo, migraine, epilepsy and chorea, twitching of the facial muscles, torticollis and habit spasms, neurasthenia, and possibly other obscure psychoneuroses. With the first two sets of symptoms most everyone would sooner or later connect the visual apparatus, but it is no easy task sometimes to convince the general practitioner, who has not given much thought to the matter, that such disorders, for instance, as migraine and epilepsy, might or could be due to eyestrain. But, given a patient with a highly sensitive temperament and an underlying nervous irritability, either inherited or acquired, without which no amount of reflex irritation would cause an explosion, but with which an attack may occur from any one of many causes—in such patients there is certainly a clinical basis for the assumption that eyestrain may be a factor in some cases; and there is a large and ever-increasing mass of testimony being recorded as to cases in which proper treatment of the eyes entirely, or very largely, relieved their symptoms. Nor is it so hard, on second thought, to connect the eyes as a causative factor with twitchings of the facial muscles, convulsive tic, spasmodic torticollis and habit spasms, which greatly resemble chorea but which are entirely different. Take a case of orbital or muscular abnormality, in which one eye is on a higher plane than the other, and to avoid a vertical diplopia the head must be carried tilted more or less to one side. Or take a case of marked astigmatism with an oblique axis. As Gould suggests, these individuals, to get the more distinct vision of the vertical lines in the letters, must tilt their head till the axis becomes vertical. In these cases, because of the continuous strained postures of the head, the possibility of spasmodic torticollis, habit spasms, and even compensatory lateral scoliosis as results, should never be forgotten. Or, take a case of light refractive error in which distinct vision is obtained by continuous straining; the ciliary muscle becomes tired, the ciliary body congested, and the pains reflected along the nerves of sensation, account for many a migraine, hemicrania and neuralgia, which in such cases is easily overlooked, because there is comparatively perfect vision. Or, in a case of muscular fatigue, not infrequently in the effort to supply additional stimulation to the tired eye muscles, adjoining muscles are innervated, and we have twitching of the lids and facial muscles, or even a

convulsive tic. Or, take a case of astigmatism and failing compensation; to such patients many letters look alike, round objects are more or less oval, square ones oblong, and to all intents and purposes they are reading proof all day long. In this class of patients, is it too much to claim that the cerebral fatigue which comes from the constant strain of interpreting retinal images distorted by refractive anomalies, and the brain fag resulting from the performing of a constant series of mental judgments as to the actual form of external objects, may sooner or later be followed by a train of symptoms, such as nervous irritability, depression of spirits, physical and mental fatigue from the slightest efforts, stomach disorders and various functional disturbances and neuroses without any discoverable organic lesions, to which we apply for want of a better, the term neurasthenia?

Now, I think I have called your attention to a sufficient number of the conditions that may result from abnormal eyes and explained sufficiently the whys and wherefores, so I will say a few words as to the diagnosis and treatment.

Diagnosis.—While it goes without argument that the exact diagnosis of eyestrain must be along certain lines that necessarily require special training, yet any good general practitioner should be able to recognize or suspect an abnormal condition of the eyes when he meets it, and should be able to make at least a partial or tentative diagnosis in certain of his cases, which may be of vast importance in their successful treatment. Every physician should be familiar with the normal refraction and what is considered as the standard of vision and motility of the eyes, and should have a sufficient understanding of refraction and motility to use intelligently a test card, an astigmatic chart, a small set of of prisms, a candle and a Maddox rod. And with this working knowledge, which should be just as essential as a knowledge of the normal heart sounds or the percussion note of normal lung tissue, and with this simple outfit, which should be as much a part of a well-equipped practitioner's office as a stethoscope, any physician can readily determine the presence of an abnormal ocular condition that may be the cause of an eyestrain and its accompanying disorders. And suppose an abnormal condition is found? Since most of the functional difficulties alluded to may result from other sources of irritation than the eyes, it becomes necessary to decide, if possible, whether these organs are or are not the important causative factors in the case. This can be done in two ways and by any physician. First, by the use of atropine we exclude the accommodation, and second, by the wearing of a pad over one eye muscular fatigue from the effort to avoid diplopia is temporarily prevented. The cessation of symptoms under these conditions would point pretty conclusively to the eyes as the source of the trouble, and the results produced by these means should be capable of perpetuation by suitable glasses or proper treatment of the musclar imbalance, though the opposite is not always true, for many cases in which the symptoms per-

sist in spite of atropine or pad, yield in time to suitable glasses, treatment or an operation. These simple methods of examination and easy diagnostic tests should be in use in every physician's office and their routine use in all suspected cases would many times prevent grave errors in diagnosis and treatment. To carry the examination further would come within the scope of the specialist, who is competent to work out fully the possible latent conditions.

Treatment.—This is the one point in the subject that has little or no relation to general medicine, as I consider the treatment of all cases of eyestrain to be entirely within the domain of the specialist, and the treatment of many of them will tax to the utmost even the resources of the most experienced oculist. So, therefore, in concluding, I advise you to send all your cases of eyestrain to the best oculist within reach for treatment, for, while inexpert work is often perfectly satisfactory to patients in ordinary conditions, and in individuals in whom nature has great compensatory powers and the error has been brought within the limits of those powers, the majority of cases require such a close correction of the refractive error and such a perfect alignment of the muscular imbalance as can only be given by the most careful, painstaking and expert specialist.

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THE CIVIL ADMINISTRATIVE CODE OF ILLINOIS IN ITS RELATION TO THE PUBLIC HEALTH AND THE MEDICAL PROFESSION.

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The act presented to the legislature for the purpose of consolidating the various state agencies and accomplishing greater efficiency in administration is known as "The Civil Administrative Code of Illinois," and it will become operative on the first day of July of this year. This act creates nine different departments of the state government, as follows: The departments of—first, finances; second, agriculture; third, labor; fourth, mines and minerals; fifth, public works and buildings; sixth, public welfare; seventh, public health; eighth, trade and commerce; and ninth, registration and education. The consideration of my subject, the relation of this law to the public health and the medical profession, will involve a discussion of only two of these departments—the seventh, relating to the public health; and the ninth, relating to registration and education.

A "department," being in the nature of a mere entity created by the legislature, is, of course, incapable in itself of executing any law. As the various departments are incapable in themselves of performing any functions or executing any agencies of the state, the legislature created certain offices, a directorship at the head of and in complete administrative charge of each of the nine departments, as, for instance, the director of public health for the department of public health, and the director of registration and education for the department of registration and education. The act requires each director to execute the powers and discharge the duties vested by law in his department. This means that the director of public health and the director of registration and education, as well as the directors of all other departments, possess the full power to administer all the functions and direct all the agencies vested in their respective departments.

The almost innumerable numbers of boards, commissions and other state agencies heretofore created are, so far as executive or administrative power is concerned, abolished, and so far as retained at all either in their present or a modified form, will exist under the new law as merely advisory to the director of the department in which such boards, commissions and agencies have been respectively placed by the classifications of the act. To illustrate: The board of health, its secretary and executive officer, and all other of its officers and employes are, in fact, abolished, and all their rights, powers and duties are vested in the department of public health, which, under the express provision of the law, means the director of the department of public health. Thus, while the director of public health may receive advice from various created agencies, yet he possesses the executive power in his department, and may, or may not, in his discretion, follow the advice of the other agencies created in his department. From the foregoing it will be instantly observed that the most apparent effect of the law will be to consolidate and centralize the vast and various powers and functions heretofore exercised by boards, commissions and other agencies.

Certain other offices, subordinate in character and under the control of the directors of the different departments, are, for instance, in the department of public health; there is an assistant director of public health and a superintendent of lodging house inspection, and in the department of registration and education, an assistant director of registration and education, a superintendent of registration. The fact that the law created these subordinate officers in no way affects, however, the concentration, as above indicated, as the law specifically provides that these subordinate officers shall be under "the direction and supervision of the director of their respective departments, and shall perform such duties as such director shall prescribe."

The law creates advisory and non-executive boards for nearly all of the nine departments. It establishes, in the department of public health, a board of public health advisors, composed of five persons, and in the

department of registration and education, a board of natural resource and conservation advisors, composed of five persons.

The qualifications required of the director of the department of public health are that he shall be a person licensed to practice medicine and surgery in this state and with at least five years' practical experience in the practice of medicine and surgery in this state, and at least six years' experience in public health work. No person can become a director, assistant director, superintendent of registration, or any other executive or administrative officer in the department of registration and education, if he be affiliated with any college or school of medicine, pharmacy, dentistry, nursing, optometry, embalming, barbering, veterinary medicine and surgery, architectural or structural engineering, or if he hold a license or certificate to exercise or practice any of the professions, trades or occupations regulated. The mere mention of all these names of various professions, trades and occupations indicates the vast scope of the activities of the department of registration and education.

Although the various boards, commissions and agencies have heretofore established and prescribed rules and regulations for their work, yet the director of each department under the new law has the power to make and prescribe rules and regulations for the government of his department. However, I think the intent of the law is that he should be very materially governed by his advisors in each department. The law specifically provides that whenever rights, powers and duties, which have heretofore been vested in or exercised by any officer, board, commission, institution or department, or any deputy, inspector or subordinate officer thereof, are by this law transferred to or vested in a department created by this law, then such rights, powers and duties shall be vested in, and exercised by, the department to which the same are transferred. The new law abolished about one hundred and twenty officers, boards, commissions and agencies of the state government, including the state board of health and the secretary and executive officer thereof.

As above indicated, the department of public health has no jurisdiction over the licensing of physicians, as this function is transferred to the department of registration and education. It does possess, however, all the power heretofore exercised by the board of health, its secretary, executive officer and other officers and employes, except the powers granted under the act to regulate the practice of medicine and the act to regulate the practice of embalming. The department of health also has general supervision of the interests of public health, and the powers: (1) To act in an advisory capacity relative to public water supplies, water purification works, sewage systems and sewage treatment works, and to exercise supervision over water and sewage nuisance and to make and enforce rules relating thereto. (2) To make sanitary investigations for the improvement of the public health. (3) To maintain chemical, bacteriological laboratories; make examinations of milk,

water, sewage, wastes and other substances. (4) To purchase and distribute diphtheria antitoxin, typhoid vaccine, smallpox vaccine, and other sera, vaccines and prophylactics. (5) To obtain, collect and preserve data relating to mortality, morbidity and disease. (6) To supervise, aid and direct local health authorities in the administration of health laws. (7) To make sanitary sewage and health examinations for charitable, penal and reformatory institutions and for the state schools. (8) To inspect hospitals, sanitaria and other institutions conducted by county, city, village and township authorities.

The department of registration and education, through its director, exercises varied powers, including those heretofore exercised by boards of trustees of the various normal schools, the board of veterinary examiners, the state board of live stock commissioners, the board of examiners of horseshoers, the state board of examiners of architects, the state board of examiners of structural engineers, the state board of health relating to the practice of medicine, the various branches thereof and to midwifery, the state board of health relating to the regulation of embalming, to the disposal of dead bodies and to the registration and licensing of embalmers, the state board of pharmacy, the Illinois state board of dental examiners, the Illinois state board of nurse examiners, the state board of optometry, and the state board of barber examiners. This department is also vested with other powers relating to the conservation of natural resources, the conducting of a natural history survey, the maintenance of a state museum, the investigation of the entomology of the state, and numerous other matters.

The department of registration and education possesses the power of determining the qualifications and fitness of applicants to exercise the medical, as well as other professions, and to prescribe rules and regulations for a fair and impartial examination of candidates. The director of this department has the power to appoint five physicians, or a greater number when occasion requires, to conduct the examinations of applicants for the medical profession. These five physicians make report to the director of registration and education with respect to the qualifications and fitness of the applicants, and recommend that a license be issued or be not issued, as the case may justify. The law provides for the preservation of the influence of the various professions, and, to this end, it requires the director of registration and education, in making his various appointments, to give due consideration to the recommendations of the members of the professions and of the various organizations therein.

In conclusion, I may say that it is generally conceded that greater efficiency, speed and directness of administration will be accomplished under the new law than has heretofore been accomplished under the system of numerous boards, commissions and agencies which have been practically independent of each other and which have not been subordinated to any head or responsible authority.

DUODENAL ULCER—TREATMENT AND COMPLICATIONS.

F. M. Andrus, M.D., Lincoln, Neb.

Since the successful work of Moynihan and the Mayos in the surgical treatment of duodenal ulcer, there is a very general tendency to favor surgery in this condition, but most authorities recommend medical treatment in the early stages, or as a trial measure.

Friedenwald collected a series of cases contrasting the results of medical and surgical treatment of gastric and duodenal ulcers. He found 72 per cent. cured with the Leube treatment; 66 per cent. with the Lenhartz method; 50 per cent. by ambulatory treatment with bismuth; 74 per cent. of those cured by the Leube method remained permanently well for five years or longer. He concludes that: "Surgical intervention should only be considered if medical treatment has been persisted in for a sufficiently long period of time and has not been found effectual; especially is it indicated in those cases accompanied by severe and persistent pain, vomiting or hemorrhage, or in ulcers recurring, notwithstanding thorough medical cure. The operation is indicated, too, in all pyloric or duodenal ulcers accompanying stenosis. Operation should be promptly practiced in all cases of perforation."

Moynihan, Mayo and other surgeons following their methods, have had a higher proportion of permanent cures than indicated by Friedenwald's statistics. Molyneux states that the cure in 80 per cent. of surgical cases is complete. Moynihan gives the following statistics of his own operations: Of 187 patients operated up to 1908, with 195 operations (eight persons being operated twice), four died as a result of the operation; eleven cases not traced up to date; one hundred and forty-four cases cured; nineteen cases not entirely free from trouble, giving a percentage of 79.14 cured and 9.6 per cent. improved. He gives an additional list of cases operated on in 1909-1910 as follows: Of 115 and 116 operations, cured 102, or 88.7 per rent.; improved, 3, or 2.6 per cent.; not traced 5, or 4.3 per cent. Those classed as cures in the above statistics were traced for several years and had shown no return of symptoms.

Mayo's statistics show a mortality of 2 per cent. and 98 per cent. either cured or greatly improved.

The usual operative treatment of duodenal ulcer is that so much used by Moynihan and the Mayos, gastro-enterostomy with infolding of the ulcer, according to Moynihan's technique. In some cases, when the ulcer is situated on the anterior wall, the Mayos excise the ulcer and divide the pyloric sphincter (according to the technique of Finney). Where there is no actual or potential obstruction, the pylorus may be blocked, but this is not necessary, as a rule, according to Mayo.

Dr. Berg, however, recommends pyloric exclusion as a routine procedure with gastro-enterostomy for gastric and duodenal ulcers near the pylorus. His method "consists of gastro-enterostomy practiced as

usual, with the addition of an excision of the antrum, pylorus and duodenum, by means of a purse-string ligature of heavy linen thread passed round the stomach just proximal to the antrum, and tied snugly enough to occlude the stomach at this point without constriction of its walls or its circulation. Instead of a ligature we can enfold, by means of several layers of suture, the stomach wall at the selected point, and thereby exclude the antrum, pylorus and duodenum from the rest of the stomach cavity."

There are a few surgeons also who favor pylorectomy or pyloric exclusion as a routine measure in duodenal ulcer. Among these are Eiselberg, Hamberger, Leach and Martin.

The varying opinions on the relative value of medical and surgical treatment are indicated by the following quotations:

Brinton: "We are convinced that most cases of duodenal ulcer, as we see them today, should be treated surgically, but the conviction is mainly due to our ignorance of the condition and the length of time which usually elapses before it is diagnosed. We are just as firmly convinced that should the day arrive when these ulcers shall be diagnosed in their early stages, then medical treatment will be the rule and surgery the exception. In the early stages of the disease, therefore, medical treatment should be resorted to, but if the ulcer has become chronic, then surgery offers the best means of cure."

Einhorn treats most of his cases medically, but advocates operation in certain cases. He states the indications for surgical intervention as follows:

1. Perforation requires immediate operation.
2. Recurrent profuse hemorrhages (hematemesis or melena, or both) endangering the life of the patient require a prophylactic internal operation.
3. Frequent small hemorrhages not being influenced by rational treatment, leading to an appreciable degree of constant anemia, operative intervention.
4. Cases with continuous hypersecretion, accompanied by intercurrent ischochymia, not yielding to treatment, should likewise be operated.
5. Severe pains, not influenced to a considerable extent by a repeated course of rational medical treatment, form a strong indication for operative measures.

Kellogg says: "Every ulcer, except in cases of perforation, pyloric stenosis with commencing dilation of the stomach, or suspected malignant degeneration, should be given the benefit of medical treatment before being subjected to surgery. In other cases, if the patient has had the systemic treatment, with careful control during the stage of convalescence, supplemented when necessary with more vigorous regime of rest and rectal feeding, and symptoms persist or recur, I believe the case to be surgical and so advise."

Moynihan: "In my opinion, the treatment of chronic nuodenal ulcer

should always be surgical. Chronicity in an ulcer is attested by the recurrence of attacks of a well-defined character. It is only when attacks recur that a diagnosis of chronic duodenal ulcer can confidently be made; it is only when this diagnosis can be made that surgical treatment is necessary. In a first attack, or even in a second, medical treatment may be tried.

"I do not desire to say that at the very commencement of the disease medical treatment is futile. Of the exact conditions present in the duodenum in the earlier attacks we possess no information. It may be that a condition of congestion, or of superficial mucous ulceration, visible only on the interior, is present. If so, surgical treatment is not to be considered. But a better opinion upon the most suitable method of treatment of such cases may be expressed when we possess some more accurate information of the pathological conditions which are present at this stage of the disorder. It must, however, be admitted that medical treatment, rest, restriction of diet, the administration of olive oil and other similar measures can soon relieve the severity of an attack, and in many cases abolish the symptoms for shorter or longer periods. In a large number of cases, however, this improvement is not permanent; the symptoms recur under various provocations. Relief of an attack in a case of chronic duodenal ulcer is easy; a cure of the condition by medical means, I believe, almost impossible."

Stall: "The ulcer of a few weeks' or months' duration can be cured in a majority of instances by proper medical treatment, which includes several weeks in bed. Von Luebe's latest statistics show 90 per cent. cured, and Lenhartz reported that 72 per cent. of the patients whom he could trace, remained free from symptoms. When the symptoms have been present several years, medical means are rarely permanently curative. When the symptoms recur or persist after a month's rest cure, or when they become more marked after several years' duration and are accompanied by a considerable loss of flesh, it is hazardous to continue medical treatment longer."

The most frequent and most dangerous complication of duodenal ulcer is perforation. The treatment of perforation is necessarily surgical. Early diagnosis and prompt operation are essential to success. The operation may be excision or closure of the ulcer. In some cases, when the operation is made sufficiently early and the condition of the patient is good, a gastro-enterostomy may be performed to avoid recurrence of the ulcer. In many cases this is not possible. Cleansing of the peritoneum and drainage are necessary.

Another complication of duodenal ulcer is stenosis of the pylorus. The treatment is usually surgical, but Einhorn has been successful in dilating the pylorus and claims this method is superior to surgery.

Malignant degeneration may occur in duodenal as well as in gastric ulcer, but it is rare. The possibility, however, indicates the danger of an unhealed chronic ulcer.

ANIMAL PRODUCTS BY INTERNAL MEDICATION IN TUBERCULOSIS.

V. von Unruh, M.D., New York, N. Y.

The fact that in tuberculosis we invariably meet with disorders of metabolism, due partly to a deficiency of the internal secretions, has given rise to the theory, promulgated by the advocates of hormotherapy, that these metabolic disorders could be set right by stimulating the internal secretions through substituting or supplementing them with corresponding products from animals, and that the disease would then be eliminated or overcome. Whether or not we accept this theory, the fact remains that, in tuberulosis, a re-establishment of normal metabolism and of normal internal secretions is possible only after the causative factor of the disease has been conquered and removed from the body. A long series of clinical observations lead me to believe that metabolic disorders and deficient internal secretions are induced by the toxins from the bacillus, and that these toxins alone are responsible for the disorders of the internal secretions that are, in a measure, the chemical regulators of metabolic processes, and that in tuberculosis the internal secretory apparatus cannot be set right by a substituitng, supplementing or specific hormotherapy.

What we can and do obtain by hormotherapy in tuberculosis is a temporary effect from giving to the organism a corresponding substitute for a certain deficient internal secretion; but this substitution will make its effects felt only as long as it is continued. All these animal extracts have absolutely no effect against the causative agent; and, while we may get a temporarily better metabolism, we exert no restraining or checking influence upon the tubercle bacillus.

Spleen Extract.—Bayle, before the "International Congress on Tuberculosis," at Rome, in 1912, claimed a "cure of confirmed cases of tuberculosis"; further, "an increase in the mineral content of the tissues"; further, "a modification of the soil, rendering this less suitable for the culture of the Koch bacillus," by splenic opotherapy. He says: "I feel authorized by my results to call splenic opotherapy a specific treatment for tuberculosis." Naturally, these claims were followed by extended experiments on the part of others, but could not be duplicated, the results being decidedly unfavorable.

Liver Extracts.—"The therapeutic activity of liver extracts is not considered by all to be due to a specific substance or hormone," says Harrower ("Practical Hormotherapy"). The secretion of the liver, bile, is strongly antagonistic to intestinal toxins. Therewith its effects appear to cease. Since in tuberculosis we do have intestinal toxins, the administration of bile extracts will tend to alleviate, but not to remove, these toxins. Iscovesco has made extensive experiments with cod liver oil, (a) cod liver oil from which the lecithins were removed, (b) olive

oil, (c) and olive oil to which lecithins had been added. His conclusions are that whatever improvement results from taking cod liver oil is due to the lecithin and not in any degree to the oil. A German physician, Noehring, in the Klinisch-Therapeutische Wochenschrift, 1915, claims that he cures all first stage and second stage cases of tuberculosis and favorably influences the third stage by a bile preparation which he calls B 4. The name of the bile preparation or its mode of preparing is not given, hence it is not possible to verify his statements by experiments we might undertake. In my hands, all that bile extracts would accomplish was an alleviation of intestinal putrefaction.

Pancreatic Extracts.—Von Mering and Minkowski, in 1889, showed that by removing the pancreas we produce the symptom-complex known as diabetes mellitus. The antidiabetic action of the pancreas is today established beyond a doubt. And in tuberculous cases, where we have a pancreatic diabetes, the administration of pancreatic extract will give very satisfactory results. But the pancreas has another and very important function. This is proven by experiments in which the pancreas had been extirpated and where the animal died, not of shock or loss of digestive services of the organ, but of sepsis following the artificial production of diabetes. The wound will not heal and the animal dies of general septicemia.

The best results I have had with animal therapy have come from the administration of pancreatin over a long period. The patient would gain weight, phagocytosis would increase, and assimilation of food would be facilitated in a great degree. But as soon as the pancreatin was withdrawn the patient would relapse into the former condition. This shows that pancreatin, in tuberculosis, is not curative, but simply one of the many means by which we can hold the infection in equilibrium.

Adrenal Medication.—Certain cases of tuberculosis show a pigmentation of the skin and a hypoadrenia that manifests an asthenia out of proportion to the lesion. These symptoms point to adrenal deficiency, and here the extract of the whole gland is given with favorable results. It is also claimed that calcification of the foci is favorably influenced by adrenal medication.

Lymphatic Gland Extracts.—It is claimed that this will render the bacillus less virulent. The best results are said to be obtained by freshly prepared extracts; but this fact makes an extensive clinical research almost impossible.

Ovarian or Corpus Luteum Extracts.—These should never be given in the amenorrhea of tuberculous women. In these cases, amenorrhea is one of the means of systemic economy by which the organism fosters its own resources in blood and strength; to try to bring about a normal menstruation in these cases by giving these extracts is both unwise and harmful.

Lung Substance Extracts.—The value of this is greater in the chronic purulent lung infections than in actual tuberculosis. I had a lung sub-

stance extract made by Armour and Company, and the results in four cases of lung abscess following pulmonary tuberculosis, i. e., in negative cases, were very satisfactory. I gave sixty grains per day, in capsules of five grains each.

References.

Harrower: Practical Hormotherapy.

ABDOMINAL ADHESIONS AND THEIR PREVENTION FOLLOWING OPERATIONS.

J. F. Cave, M.D., Kansas City, Mo.

This subject has caused a great deal of comment within the last few years, "both pro and con," and the surgeon has been unable to cope with these conditions satisfactorily. Therefore, the intentions of this paper are to set forth a few practical points which experience has taught me.

Upon handling the tissues during a laparotomy, even if there should be no infection, there is more or less extravasation of plasma and serum, due to the irritation caused by handling the tissues, and unless these exudates are removed, or the peristaltic wave is kept up for the first twenty-four hours following the operation, adhesions are more or less liable to form. There has been an attempt, heretofore, to block the exudate by using olive oil and other similar preparations poured into the viscera that they may be absorbed by the tissues and thereby prevent the escape of the plastic material. This was first used by the Italians and later followed by the Mayos to some degree of satisfaction.

My method is as follows: First: As soon as the patient has been anesthetized, administer one c.c. of pituitrin every four hours; alternate with physostigmin salicylate and one-sixtieth strychnine. Keep this up until the bowels have acted. Following the operation, we swab the pelvis out with sponges squeezed out of alcohol until there is no fluid nor clots left; and last, but not least, put in a good-sized drainage tube, close, and change dressing in twelve hours. The reason I do not use the cigarette, or gauze drainage, is because the meshes become saturated with the exudate which becomes decomposed and the drainage is then prevented. If there is infection present, I use echinacea instead of alcohol, and follow with rexiodum.

In 1910, I operated on a Dr. G.'s wife for a retroverted uterus and also removed the appendix. The case was a clean one and closed without drainage. In 1911, I operated again to break up adhesions, which was repeated the following year for the same conditions followed by drainage and other methods as before mentioned and described in this paper with excellent results.

One other case, if you will permit me to impose on your patience; a Dr. B.'s wife had an infection just above the bladder following a previous operation. Upon opening up, I found the right ovary, tube and

appendix had been removed, and the broad ligament cut in two and the uterus pulled to one side. I did what we considered necessary and closed with drainage. Results—no more trouble in pelvis. Nine days after, above patient complains of pain in the left side, about one inch to the left of the median line and about two inches below the ensiform cartilage. My diagnosis was subphrenic abscess. Opened up and drained about one pint of pus (coli bacillus infection). I put in drainage and finally a gastric fistula developed. Resorted to rectal feeding for two months as she was very weak and emaciated. I put her off as long as possible. Finally she became very impatient, so we consented to open up again. We found the transverse colon, jejunum and ileum attached to the fistula. I broke up the adhesions, closed the opening in the transverse colon, resected the bowel in two places, did a side-to-side anastomosis, put in drainage, and kept the peristaltic wave going. The bowels acted the third day following an enema. Gave her a light diet the fourth. On the seventh, she ate a large steak without any inconvenience following, made a rapid recovery and is enjoying perfect health ever since.

DISCUSSION.

Dr. H. H. Helbing, St. Louis, Mo.: This is a very excellent paper, and I do not see that anything could be added except the fact that we advise changing the position of the patient frequently. I do not know whether Dr. Cave called attention to that or not. One of the very essential facts in post-operative treatment is the turning of the patient from side to side no matter what character the operation. A few years ago we thought it wise to keep the patient absolutely in the dorsal position and perfectly quiet, but now we turn them from side to side every little while and prevent adhesions in that way.

Dr. E. G. Sharp, Guthrie, Okla.: I am impressed with the idea that the paper is a very excellent one, but one thought does not appeal to me, and that is the idea of giving a cathartic during the first twenty-four hours after an abdominal operation. There is only one gain and that is keeping up the peristaltic wave, and with the average patient the post-anesthetic nausea would prevent their retaining the cathartic long enough to do any good. Second, it would aggravate the condition of post-anesthetic nausea, and, while it might work in some cases, it does not appeal to me.

Dr. B. E. Dawson, Kansas City, Mo.: In my abdominal work, which has been quite extensive in the last two years, I use ether and push it right into the abdominal cavity, something like half an ounce of sulphuric ether, before I close. It tends to prevent adhesions and also acts as an antiseptic. I use also a liquid petrol that has in it a certain per cent. of iodine. That allows the bowels to glide smoothly over each other. I do not even put in any drain, for there is no infection, but so far have had very little complaint of adhesions when using this ether. I instruct the nurse to change the position frequently, put them in the Fowler position, and turn them to either side and thus keep up the peristalsis. I think that is a very important thing to watch out for—adhesions following laparotomy.

Dr. H. H. Helbing, St. Louis, Mo.: I would like to ask Dr. Cave whether he has had iodine poisoning or not?

Dr. Hauck: I would like to ask what cathartic he uses in the twenty-four hours?

Dr. J. F. Cave, Kansas City, Mo.: If you use physostigmin salicylate or strychnine, you will seldom get nausea. If I do, I give an enema in the first twelve hours. The cathartic I use is oil. Usually I can give castor oil after an operation. If you give strychnia you will not have much shock, and usually within twenty-four hours you have a normal temperature.

As to iodine poisoning, if you give it with glycerine, the mixture made by Dr. McCubbin, you will get no poisoning. You might have it with the tincture, but, of course, you would not use that.

I drain everything and we do not have any distension the next day. I have followed Lane in Guy's Hospital, and after watching several thousand cases of infection there, they noticed that when they did not use drainage their results were poor in almost 100 per cent. of the cases, but when they did use drainage they had better results. This is also true in this country.

CONSERVATION OF THE PUBLIC HEALTH.

G. T. Severs, M.D., Centerville, Iowa.

It is with some misgivings that I undertake this task. First, the subject is so vast that whole volumes might be written upon it and then not exhaust it; and second, there are so many points in connection with it that have not been satisfactorily worked out by our civil engineers and others who are working on the different phases of the subject, so that anyone writing on the public health question must necessarily fall far below the ideal he would like to attain.

There are so many problems connected with this subject that it is very difficult to find a starting point to select the most important from the still very important propositions.

As a great many of our contagious diseases are water borne, and as the purification of water includes the subject of sewage disposal, perhaps I may as well take up this phase of the subject first.

Man is essentially a filthy animal, and as we find him crowded into cities of thousands of inhabitants, as well as villages of a few hundreds, the question of taking care of the waste matter under the varied conditions of the climate, altitude, natural advantages or disadvantages, the proximity or absence of streams or large bodies of water, the character of the soil and especially of the subsoil, the contamination of the water of streams, lakes or ocean water or the condemning of the tract of land upon which to empty the sewage, in the absence of natural drainage—all of these questions must be settled by the local authorities plus the assistance of engineers, bacteriologists and chemists.

The difficulties that confront these authorities are almost innumerable, but are being solved as best they may be by the different municipalities in several different ways, chief among them being the sewage disposal plant, where the refuse from the city sewers is emptied into a

settling basin where the contents undergo bacteriological transformation into comparatively harmless products.

I am told that theoretically this plan works very well, that it purifies the sewage to as high as 97 per cent., but in actual practice I am told these filtering plants soon become clogged and that unless frequently cleaned (which is almost never done) they rapidly lose their theoretic value and actually purify to as low as 70 to 50 per cent. This condition is going on all over the land and it is up to some scientist to find a better plan. In most of our larger cities the waste from stores, such as cabbage leaves, rotten fruit and other garbage of an organic character, with all kitchen refuse is carted out and shipped and fed to hogs, and in this manner is converted into an asset to the city. The tin cans, bottles and broken glass, and such refuse should be utilized and made to produce enough revenue to pay for the collection and disposal. Coal ashes and the clay from excavations may be used for sanitary fill. This is about the usual manner of sewage and waste disposal being used at the present time, which, to say the least, is not very satisfactory.

The writer believes there should be some method of sewage incineration. All garbage that is fit for hog feed should be thoroughly cooked, all tin cans heated to extract the tin or lead, all refuse being completely oxidized and returned to the soil as fertilizer. It seems to me this should be worked out and made profitable. In every city and village there are numerous dead animals, dogs, cats, chickens, rats, horses and cattle that should not be allowed to decompose in the open field or along streams for the contamination of water, but every village should have a crematory for the burning of such dead animals and convert their carcasses into fertilizer instead of polluting the atmosphere, water strata and streams.

There are many sources of contagious disease that are continually overlooked. For instance, where is the town of any size that has not a Chinatown, a little Italy, a negro quarter, or some other equally dangerous center where the inhabitants pay little or no attention to health laws of the city or state, where contagious diseases of many varieties may be frequently found? And yet these people keep as quiet as possible, as they dislike to be reported for quarantine, not so much because of the inconvenience of the quarantine (for they usually pay but little attention to it), but they seem to think it might in some way interfere with their personal liberty in attending the movie or some other equally unimportant pleasure. This source of danger is always present and should be continuously investigated by our health authorities. Contagious disease, starting from the slums, is usually virulent and may be and frequently is carried to the best part of our centers of population to destroy the lives of individuals who use every precaution to observe the strictest sanitary laws.

At the recent rewriting of the Iowa rules and regulations for the

Iowa State Board of Health, the writer insisted upon and had adopted a rule requiring all property owners to connect up the sewers when sewers were within a reasonable distance, and when not in close proximity to the sewers to install and maintain a sanitary closet, made in such a way that it will not contaminate the surrounding soil strata and to be screened from flies and the contents removed at sufficiently frequent intervals that no stench should prevail. Also that all horse barns should be clean and that all manure should be removed at least once a week to prevent flies breeding therein.

Along with this subject of the public health comes the quarantine which has been pretty well worked out and in most parts of the country is giving fairly good results.

Then comes the Better Babies' campaign, which should never lose interest to those who claim to be interested in the welfare of the human race. In this campaign we come in contact with the sanitation of food, especially of cow's milk. This subject is being worked out in most of our larger cities with fairly good results, and the mortality rates on babies have made a great change for the better in the last decade and the prospects for still better results are quite flattering. As we are getting away from beer and other sloppy drinks of all kinds in our foreign population, we find the death rate dropping quite rapidly. The Better Babies' campaign again means the investigation of the parents who should have a health certificate before being allowed to wed, thereby removing the possible danger of inherited disease as much as possible, especially such diseases as syphilis, insanity and tuberculosis. People so afflicted should not be allowed to marry until it was known they were fully and permanently recovered.

Probably one great source of ill health among our city population is the habit and practice of eating raw fruits and vegetables. This habit is as old as the human race, but with our crowded civilization, with most of our early vegetables forced under glass or in hot-houses, no doubt the vegetables are more or less infested with plant lice of many varities. Vegetables and low-growing fruits raised on land that has been fertilized with all manner of filthy fertilizers from barns, outhouses, hog pens, where dead animals have undergone decomposition, it is reasonable that bacteria of all kinds must remain on lettuce, radishes, strawberries, and all other vegetables and fruits grown upon such soil. Such fruits and vegetables should be thoroughly washed, and better, if possible, thoroughly cooked before using to destroy any living organism. It is known fresh water algae from shallow wells where such animalculae abound will produce gastric catarrh and indigestion will result from such cause; therefore, such water should be boiled. The sewage contamination of well water by human excreta is the most dangerous contamination of all and should especially be investigated and prevented by municipal authorities everywhere.

It is needless perhaps to add that the United States government is

making continuous and rigid effort to protect our people from the invasion of foreign diseases by a system of rigid quarantine and the analysis of rats, cats, dogs, fleas and vermin of every known description. Also our public building committees in our larger cities are trying to build ratproof and verminproof buildings as far as it is possible. The educated class of people everywhere are rapidly grasping the idea that cleanliness is next to godliness and are helping to enforce the sanitary laws put out by our state and municipal health boards.

The anti-narcotic law of the United States and its strict enforcement is now telling its own story in the improvement of many of its victims who have given up their drug habits and procured self-sustaining employment. Even in the short period since its enactment the improvement is very noticeable and we may expect a great improvement in our next generation. It is among the inhabitants of the slums where the great danger lies at present. These people must have our attention and assistance by improving their living conditions, by letting in the sunlight as well as publicity. We must build our buildings in a manner that will make the small, dark and damp cubby holes for some poor, halfstarved and diseased individual to inhabit an impossibility. In other words, make our future buildings slumproof as well as ratproof.

On the whole, when we consider the rapid advance made in sanitation in the last few decades and the interest that the people are taking in the subject everywhere, the future of public sanitation really seems quite flattering.

BOTANIC VERSUS THERAPEUTIC RELATIONSHIP.

HERBERT T. WEBSTER, M.D., OAKLAND, CAL.

The notion has more or less prevailed among medical men from time immemorial that members of the same botanical family are liable to prove similar in therapeutic action. When one member of a family group demonstrates certain therapeutic affinities, they have been somewhat wont to expect similar action when investigating a new member of the same family. Experimentation in botanical drug therapy is thus often embarrassed; for, failing to derive similar results in such cases we are liable to consider the new individual a failure and throw it into the discard.

In a biological sense, we are not justified in expecting parallelism in the therapeutic of botanical family groups. Consanguinity in the human family is not liable to be attended by similarity in individual characteristics. Even brothers, born to the same parents, often afford us striking differences in disposition and energy. They may resemble one another in form and feature, but there the resemblance may end, each affording distinctive peculiarities in social and executive traits. The tangle of heredity is at work here, turning out remarkable complexities in many instances.

Botanists of good repute have informed the writer that grindelia robusta and grindelia squarrosa are identical botanically—though there is probably a mistake here, for such authorities may have been furnished with two specimens of the same species when arriving at their deductions; yet there is no dispute that there is a very close resemblance between the two. In my opinion, there is a difference, the squarrosa growing more bulky, its branches more wavy, and inclined to droop, as compared with robusta, and choosing low ground for its habitat, with its location confined to small sections, while robusta is widespread in its distribution. Still, there is no disputing the fact that there is a very close physical resemblance between the two. Naturally, we would expect similar therapeutic properties in the two kinds; and, knowing the action of one, were the properties of the other unknown, would expect to prescribe it in similar conditions. In this instance we would be diverging far from the proper course, for their individual therapeutic properties are widely dissimilar.

Grindelia robusta possesses an affinity for the respiratory organs. Asthmatic conditions and bronchial coughs of asthmatic tendency seem to be the condition most markedly benefited by it, and the place in which we have learned to place confidence in it. We do not expect much more of it when prescribing it as an internal remedy. Grindelia squarrosa seeks no such locality in its therapeutic affinity. Anyone who has observed the action of this agent carefully, cannot but be impressed with its selective action upon the abdominal viscera. The spleen especially, and secondarily the chylopoietic viscera, are the regions specifically affected. The respiratory organs evince none of its effects. It is the most positive remedy for chronic malaria I have ever found. Here we have two plants so closely related botanically as to confuse skilled botanists, which evince no therapeutic relationship. Other members of the grindelia family exist, which possess no therapeutic relationship with either of these, so far as I have been able to determine, though belonging to the same family.

In 1907, the writer visited a son, who is practicing in southwestern Missouri. The month was September, when the numerous members of the grindelia family in California bloom. Riding with him in the country to visit a patient one day, I was struck by the resemblance of a blossom on a plant growing profusely along the roadside to grindelia, and called a halt for closer inspection. I had supposed that the grindelia family was confined to the Pacific coast, and was skeptical that an individual should be found in far-off Missouri. However, the blossom indicated a member of the family, while the sticky, gummy character of the plant carried conviction, and upon submitting the plant to the teacher of botany in the local high school it was named as one of the family, though the distinctive name has now escaped me. I tinctured the green plant and carried it to Oakland for purposes of experimentation, but found none of the properties existing in the two kinds with which I was already ac-

quainted. Doubtless this plant is a good medicine, if its direction of medicinal action can be discovered, for it possesses the characteristic grindelia odor and seems to be a plant of positive character, but its sphere does not lie along similar lines with its botanic relatives.

Along the same lines of observation lie other family groups. The three species of rhamnus used in medicine, namely, rhamnus catharticus —English buckthorn; rhamnus purshiana—cascara sagrada, and rhamnus californica, manifest nearly as much diversity of action, though all possess one characteristic—laxative. I have had little experience with buckthorn, and few, if any, physicians prescribe it for any other action than as a laxative. However, I have known dog fanciers to employ it as a remedy with good result where a canine droops, wastes away and refuses to eat. Indeed, I have suggested it to acquaintances on more than one occasion where a remedy of this kind was sought and afterward received good reports from its action. This is certainly a very empirical way of prescribing, and possibly veterinarians could throw more light on the subject; but the matter is mentioned here merely as a matter of illustration, for neither of the other species are known to possess any such property.

Rhamnus purshiana, widely known as cascara sagrada, is too generally used for me to dilate upon its properties. I take is for granted that it is a mild, unirritating laxative, with slightly tonic effect upon the alimentary functions. This action can hardly be credited to rhamnus californica, which is drastic in its cathartic action, when aroused, and not a very desirable remedy for such purposes, but is an admirable remedy in acute rheumatism and for muscular pain, much more so than macrotys or any other remedy we possess for general use. It is more widely adapted to painful conditions than any other remedy we possess, though not always effective because it must be prescribed with discrimination. Many painful states are not due to muscular or fibrous pathology. However, these remarks are intended to suggest a wide difference between the therapeutics of the three kinds of rhamnus.

We find this disparity between the therapeutics of another important species—that of the rhus family. Indeed, there is a wider variation here than in that of the rhamnus family. No one who is personally acquainted with the action of rhus tox. would expect to prescribe rhus aromatica in its place. The two remedies are far removed from each other in a therapeutic sense and in their respective fields of action. Though both are almost indispensable as remedies, we employ them in entirely different conditions. Rhus glabrum is hardly to be thought of where either of the two others are prescribed.

The same argument applies to the asclepias family. A knowledge of asclepias tuberosa affords us little aid in applying asclepias syriaca or asclepias incarnata to disease, while both the two last named differ essentially in their therapeutic adaptation. Each member of the family must be studied separately and adapted to an entirely different field.

Thus we observe botanic families sustain little relationship therapeutically. The idea that because related botanically medicinal plants are related therapeutically is best discarded, because it is liable to lead us astray when we are investigating their separate virtues. We must cast all such means of guidance aside and forget the properties of botanical relatives if we are to become intimately acquainted with individual characteristics.

TONSIL AND ADENOID CHAT.

J. H. Powell, M.D., Atlanta, Ga.

Volumes have been written and arguments have taken place pro and con on this subject. Every year the resume of medical literature brings to us many discoveries and useful facts that are proving of great value to the profession and public. For years the well-informed, observing practitioners have reported from time to time and pointed out some of the dangers of neglected tonsils, the harmful effect of adenoid tissue in the post-nasal space, but only in the past few years has the subject been given the attention it deserves. In the early settlement of this country, when there were few railroads, factory chimneys, mines, furnaces, no steam heat and automobile stinks to contaminate and poison the air, diseased tonsils were seldom heard of, as there was little reason for them to be diseased, but times have changed since grandma was a girl.

Compare the child of from fifty to one hundred years ago with the child of today. To illustrate, nearly every child born fifty years ago and back to the first settlements of America, was born and reared in the wilderness, on a farm or in a village. It grew up in the big out-of-doors where there was abundance of pure, uncontaminated air to breathe; the food was simple and healthful; infected throats, stomach and intestinal disorders were almost unheard of, besides there was usual spring cleaning with sulphur and molasses to clear out the winter's grub and insure them against summer fevers and other infectious diseases. Compare the child of today with the hardy youngster of those days and the pathology of the tonsils is simplified. The average child of today, even in the country districts, with few exceptions, lives near towns, factories, railroads and mines, where clouds of soft coal smoke fill the air with irritating gases and unhealthy odors. Probably the first breath of air the little fellow gets is from a base burner or coal grate or gas stove, all of which inflames and aggravates the tender membranes of the nose, throat and lungs, laying the foundation for adenoid growths and diseased tonsils. Combined with canned foods, preserved meats, etc., to encourage stomach and intestinal disorders, the town and city child has less chance than the country raised child, especially those living in the factory districts and without the watchful care of the family physician; few of them would survive the diluted, rancid milk bottle, canned soups, precooked cereals and artificially ripened fruits and vegetables.

Daily I am asked by frantic mothers and skeptical fathers, "Why is it that all of our children have bad throats? Why it was that I, being one of nine children, who grew up on a farm eight miles from town, ran around in all kinds of weather, never had anything the matter with my throat? My brother lives in the country, has a large family and only two of the children have had the tonsils removed, while we and our neighbors out at the foundry have to take all of our children to a throat specialist." Each year a larger per cent. of children are found to have abnormal and unhealthy throats that require medical and surgical attention.

Four years ago, I was doing from two hundred to three hundred tonsil and adenoid operations annually. Last year I did over ten hundred and the prospects are that the number will grow every year. We are often asked why the good Lord put tonsils in the throat if they are of no use, and many such foolish questions, and the best answer is that the tonsils are all right and belong there so long as they are healthy. The same is true of the appendix, ovaries, teeth, etc., but when they are diseased, enlarged and otherwise affected, they become a menace to the health and well-being of the patient and should be removed. Besides, even healthy tonsils are of little use after the nursing age, and diseased ones are a menace to health at any age. Since we know that the pharynx is the gateway in the body for many dangerous diseases, such as tuberculosis, rheumatism, stomach and intestinal disorders, several forms of deafness, nervous and digestive disturbances too numerous to mention, mouth breathing, stunted and backward children, mental and otherwise, can be and are often caused and aggravated by abnormal tonsils and adenoid tissue, why not get down to real business and advise the only real curative measure, namely, their complete removal? Experience gained in the past twenty years has convinced me that there is very little good in palliative measures—they never cure. The condition is essentially surgical and can only be dealt with successfully as a surgical disease. Of course, medicines are of use in acute attacks, purgatives, febrifuges, anodynes, antiseptics, astringent sprays and gargles, but they do not cure, and, while we are fooling away time with them, the patient is usually getting the worst of it by the further absorption of septic material.

Eye, ear, nose and throat surgery has undergone many changes and improvements in the past few years. The same is true in all branches of surgery. A better understanding of pathology, improved technique, improved instruments in the hands of experienced, conscientious operators, are putting the surgical art where it rightfully belongs. The only dependable, curative operation in tonsil surgery is the complete removal of the gland. The day of cutting them off with a tonsillotome is past and is only being done my incompetent operators. It is harmful and usually ends by a second operation being done, often by some other surgeon. There are two accepted methods: First, to dissect the tonsil

from its attachments and remove with the snare or forceps; the other is by the concealed wire-ring snare, the tonsil forced through the ring and detached from its fastenings by the snare wire. Both are good and can be successfully accomplished by an operator of experience without endangering the life of the patient.

There are two methods for the removal of the adenoids. First, the curette; second, the forceps. I prefer the curette, as I believe a better operation can be done with it; besides there is less danger to the surrounding tissue. We are constantly asked by physicians and prospective patients if it is necessary to give the patient a general anesthetic for the tonsil operation? This depends on the case. In people over fifteen years of age and occasionally in younger ones, who are easily managed, the anesthetic and hospital is not always necessary; but in small children and nervous grown-ups it is very difficult to do a good operation in the office under a local anesthetic. Probably one-fifth of my operations are done in the office, on people who are manageable from necessity or otherwise wish to save the extra expense. Twenty-four hours is usually long enough in the average case to remain in the hospital, or even a shorter time in some cases, and usually proves a good investment, as the average hospital charge is only $13.00, which includes the anesthetic, operating room, dressings, nursing, food, etc. A good adenoid operation can be done on anyone in the office under local anesthetic, as the little ones can be held and the older ones talked into being still, the short time necessary to do the operation, but the trouble is that 90 per cent. of the cases have both tonsils and adenoids to be removed at the same time.

A CASE IN OBSTETRICS.

H. H. Blankmeyer, M.D., Aransas Pass, Texas.

August 31, 1915, I was called to attend Mrs. M. in confinement. According to calculations full term was completed and upon examination found os dilatable, soft and open large enough for the forefinger. Vertex presentation, but no contractions with the pains. After a two hours' wait all pains ceased, and I returned home. Her ankles and eyes showed puffiness, so, during the next thirty days, her urine was examined three times with negative results. Thirty-four days after the first visit, 2:00 A.M., October 4, I was again called, but after three hours' wait all pains ceased and I returned home, to be called the third time about noon of October 5.

The patient was in the best of spirits and labor proceeded naturally to the bursting of the waters at 5:00 P.M., when suddenly and without warning she complained of blindness. Quicker than I can tell it I prepared for instrumental delivery. Put chloroform on a handkerchief and gave it to the husband, with instructions how to administer it. Called for hot water to cleanse and warm instruments; prepared subculoyd lobelia gtt. 30 with H. M. C. No. 1, and injected it. While making these preparations the patient

gave a loud cry, foamed at the mouth, became rigid and the first convulsion was on. The relatives got excited and the husband dropped the chloroform bottle spilling its contents. I then ordered consultation with instruction to bring chloroform. Being on friendly working terms with all my competitors, when asked whom I preferred I replied, "Anyone with chloroform." Dr. A. was not in his office so Dr. Z. was telephoned, and both arrived together. All of this consumed maybe fifteen minutes, and upon their arrival I had administered the lobelia and H. M. C., and was applying my Hodges' forceps, but without success until Dr. A. obtained the full benefit of the chloroform, the patient having continued in a convulsion at least twenty minutes.

The forceps locked nicely but for the first time in twenty-seven years' experience, my forceps slipped off the head of the baby. I then reapplied them, and for the second time they again slipped off. While applying the third time I requested Dr. Z. to be prepared with his Elliott's in case mine again slipped, and, to my chagrin, they did, when I asked Dr. Z. to apply his. But before doing so I inserted my hand, slightly rotated the head and brought it down from behind the pubic bone; after which Dr. Z. delivered the child in a few minutes. While this is no proof that the Elliott forceps are superior to the Hodge, it may have been a demonstration that I did not give the correct curve to my traction, or that I should have removed the impacted head before applying the forceps. Upon delivery of the child (a seven pound girl) the convulsions temporarily ceased. The baby's head was elongated and very badly bruised on both sides over the ears; the left side displaying a cavity half an inch deep and 2 x 1 in diameter. The child being considered dead, I took charge of it, while the two consultants were instructed to look after the mother and deliver the placenta. After a half hour's work the baby was resuscitated and the mother doing very nicely, although unconscious and under the influence of the H. M. C.

Both doctors then left with assurances that the mother would soon arouse from the effects of the hypodermic, and, as the child was now removed, there would be no more recurrence of the convulsions, but frequent twitchings of the muscles and the stare of the eyes did not give me the confidence they displayed, so during a conscious moment when she could swallow I gave her a heaping tablespoonful of magnesia sulphate, well diluted, and injected thirty gtt. subculoyd lobelia. Fifteen minutes later the patient again went into convulsions and the husband administered the chloroform while I injected fifteen gtt. each sp. med. veratrum and gelsemium. As the spasms continued a few minutes later I again injected an H. M. C. with thirty gtt. sub. lobelia, and in thirty minutes the third time injected thirty gtt. lobelia with a No. 1 H. M. C. From this time, about 6:00 P.M. to 8:00 P.M., with all these relaxants in her, the patient constantly showed signs of convulsions, which were controlled with the chloroform, but after 8:00 P.M. spirits of ammonia was substituted for the chloroform to keep the heart beating. At 10:00 P.M. there were but eight respirations per minute, and the heart action was very feeble, but regular. The patient was free of con-

vulsions after 8:00 P.M., but never out of danger from the three doses of H. M. C. until 2:00 A.M., when she opened her eyes and called me by name. You can readily understand that was a welcome recognition to both her physician and her friends. With returning consciousness and ability to swallow sulphate of magnesia was administered freely to successful elimination, and a speedy and complete recovery in two weeks.

During these hours of suspense, when evacuation of the bowels and elimination was the main desire of all and no medicines could be given by mouth on account of the inability to swallow, the necessity of a remedy in concentrated form that could be administered hypodermically and freely evacuate the bowels, was forcibly demanded. Have we one? I have frequently asked myself and others the question, but with no success to date. Chemists have given us so many valuable ideas, why not this one?

Eserine is used by vegetarians in sluggish bowels with no obstructions. Would it answer the purpose in the human family during convulsions or overfeeding in babies with sick stomach to evacuate the bowels and remove the cause? There was no eserine available, so I did not try it in this case.

The baby, as before stated, was delivered more dead than alive, and, if it had been neglected, it would not be the pretty live girl it is to-day, and a living demonstration what a baby can sometimes endure and survive. The head was very much crushed and misshapen. The left temporal bone, as stated, showed a cavity 1 x 2 inches and sunken half inch, and in two places blood abscesses large as an egg formed from the severe bruising of the forceps. These had to be lanced twice, removing large quantities of dark, foul blood. This and careful daily reshaping of the head, restored the normal shape of the head and the cavity in front of the left ear disappeared, so to-day this baby shows no signs of its difficult birth, in mind or appearance.

Ethics.—During application of the forceps, in the midst of danger and the anxiety of the hour, Dr. A. demonstrated how extremely small some men can be by one of those unethical disreputable stunts too common in the medical profession of the past, but I hope less frequent among our younger men of to-day. While both my consultants were old school practitioners I have no reason to believe this was done on account of my school of graduation, but it was that ego of one who loves to display his superior knowledge upon every occasion and be recognized as It. Dr. A's part was to administer the chloroform, but without an examination or any question regarding part presenting, he volunteered the comforting information, and in a loud voice so all in the room could hear it, that most likely Dr. Blankmeyer had a breech presentation and no forceps would ever hold on a breech. To this I simply replied that I had been here since the beginning of labor; but when the forceps slipped the second time he advised me to drop the forceps and bring down a foot. While preparing to again apply the forceps I calmly informed the ungentlemanly fellow to attend to his chloroform, that feet are not attached to heads nor ears on a breech, and if he would take time to examine before he talks he would be wiser. He then asked permission and was given the privilege to make an examination, but he was so cock

sure of what he thinks he knows that he scarcely touched his finger to the presenting part; not taking time to ascertain the presence of ears, anus or scrotum, and, for the third time, made a fool of himself by remarking that it is just as he suspected, and forceps would never deliver a breech.

Dr. Z. then made an examination preparatory to applying his forceps and finally closed the mouth of the talking egotist with the information that the head presented, and, as before stated, in a few minutes demonstrated it to the friends and relatives, who naturally had been led to doubt my ability or knowledge of obstetrics. Why, oh, why, cannot educated men in the medical profession be gentlemen?

RESPIRATORY THERAPEUTICS.

A. W. Davidson, M.D., Poplar Bluff, Mo.

In the general practice of medicine we are as frequently called upon to treat diseases of the respiratory organs, as any other and probably more so. When the great danger of life in diseases of these organs is considered we can understand how important it is to have our therapy well in hand. As it would be the height of folly to attempt even the slightest mention of all the remedies that have been prescribed in this class of diseases, I shall content myself with a reference to a few of the most modern and so far as our knowledge now extends the most efficient agents.

Of all the remedies in diseases of the respiratory organs from acute rhinitis to pneumonitis I believe veratrum vir. stands at the head. Not only in the violently acting acute inflammation, but in the chronic forms with low grades of inflammation with tendency to thickening of mucous membranes and deposits, even tubercular in character, veratrum properly administered and persisted in, is among if not the best remedy that can be exhibited. In delayed resolution following pneumonia, with a tendency to abscess and breaking down of lung tissue, veratrum, in combination with lip. pot. ars. and guaiacol, is very valuable.

In diseases of the respiratory organs aconite stands a close second to veratrum. More especially is this true in infants and children. In pharyngitis, laryngitis, bronchitis and pneumonitis, aconite, in combination with ipecac, will always be found an excellent remedy. Also in all inflammations involving the throat and tonsils, all forms of croup, aconite, ipecac and phytolacca, in combination, will be found indispensable in the treatment. During the past winter a very severe form of angina prevailed extensively. Our regular brethren pronounced it diphtheria and used antitoxin in about all of their cases. My ℞ was Lloyd's Aconite gtts. x, Lloyd's Ipecac gtts. xx, Lloyd's Phytolacca gtts. xxx,, syrup simp. ounces 1, aqua q.s. ad ounces 4, Mix. Sig.: teaspoonful every hour. I escaped the unpleasant duty of signing a death certificate.

In acute pneumonia, especially when the pleura is involved attended with great pain, we have in bryonia our best remedy. Combined with veratrum and asclepias tub. we have a right to expect speedy relief.

Ferrum phosphate is a valuable remedy in acute inflammations of the respiratory organs. I am in the habit of alternating this remedy with veratrum, aconite, asclepias, or bryonia, used singly or in combination.

Calcium sulphide or calcarea must not be overlooked when we have reason to fear pus formation in the respiratory organs.

The old acetated tr. of lobelia, in combination with aconite and ipecac in syrup and water can be relied upon to benefit the early stages of croup.

External applications frequently benefit diseases of the respiratory organs. The compound emetic powder on the larded cloth is valuable in bronchial troubles or pneumonia, especially in children. We have no better remedy in cough due to laryngeal irritation or croup than the compound stillingia liniment.

Antiphlogistine in throat inflammation or croup will be found a valuable local application, the hygroscopic effect of the glycerine it contains is probably the chief source of its value. It would especially appeal to me as a good remedy where we have considerable effusion of lymph-edema.

As diseases of the respiratory organs may be caused or intensified by abnormal conditions of the gastrointestinal tract it is the part of good judgment to correct this when present, cleanse and render aseptic these organs.

A clean person, a clean gown, a clean bed, a clean room, with free admission of light and warm fresh air are indispensable in the successful management of these affections. Probably it is not best to attempt to lay down inflexible rules as to diet. Suffice it to say that it should be principally liquid, and not incompatible with the patient's powers of digestion.

SCARLET FEVER.

J. P. Martin, M.D., Reno, Nev.

In presenting a paper of this kind it is not my purpose to introduce any new found theories, nor to offer any advanced treatment for scarlet fever. A practitioner who follows the specific indications in treating the sick need not be at loss how to treat or meet any pathological wrong in any given case or disease to which the human race is heir.

Those of us who have had years of practical experience can, no doubt, diagnose a case of scarlet fever on sight, if the classical symptoms be present. If not we may get somewhat puzzled, be led astray, and our knowledge of our art be put to test. Scarlet fever may be confused with several other conditions. It is these that I shall endeavor to call to your attention in this short paper.

In order to refresh your memory I will give you the symptoms such as usually accompany scarlet fever so that when we come to differentiate it from other conditions we shall have something to compare it to—a standard, as it were.

The principal features of the onset of scarlet fever are as follows: vomiting, rheumatic pains, soreness of throat, high fever, a rapid pulse out of pro-

portion to the fever, headache; in infants convulsions may occur, neck may feel stiff, glands at angle of mouth are swollen. On the first day the rash comes out first on the chest, rapidly spreads over face, body and extremities (it may not appear until the second or third day). The tongue is at first covered with a thick white fur, the papillæ projecting, giving it the appearance of an unripe strawberry; hence, the name "Strawberry Tongue." Some have pronounced it a "Raspberry Tongue." I would say that this does not occur until the white fur referred to has peeled off. The rash appears on the first, second or third day, as above stated; it is of a scarlet blush. When carefully examined small red spots can be felt, surrounded by a diffuse erythema.

Desquamation may begin on the fifth to the seventh day. It may be either bran-like scales or in large flakes, depending on the severity or intensity of the eruption. It continues longest on the palms of the hands and soles of the feet.

When these symptoms are present the diagnosis is quite easily made. The difficulty of making it arises when they are not there and when complications are present, which makes diagnosis more difficult. I can best illustrate this by citing a case which recently fell into my hands. I was called early one morning to a farmhouse to attend a boy about sixteen years of age. The clinical picture presented was as follows: Acute coryza, tonsils inflamed and swollen, general flushed face; pulse, about 90; temperature, 101° F.; skin, dry and hot. The symptoms, subjective, were general aching in joints and body, headache. On my second visit, the next day, the symptoms were very much abated. Temperature, 100° F.; pulse, normal; tonsils, much better. The boy was able to be around, go out in the yard and seemed to feel much better. The case was discharged on my third visit, which was about four days after. He went to school one week after he was discharged, but was sent home by the principal, who claimed the boy was still suffering from scarlet fever. The principal reported the case to the board of health of the city and county, who, with two other physicians, motored out to the boy's home, examined him and pronounced him as having scarlet fever, quarantined the premises and summoned me to appear before the justice of the peace, charging me with misdemeanor in not reporting a case of contagious and infectious disease. A battle followed, three health officers prosecuting and I defending. The trial lasted several days and authors on diagnosis of every description and standing were quoted by the score, but at the termination of the trial I was discharged.

The health officers based their diagnosis on the fact that the boy showed some desquamation on his hands and feet, and that his throat was somewhat inflamed. My diagnosis was influenza and tonsillitis.

It might not be amiss to state that scaling of the epidermis may occur in (1) puerperal fever; (2) tonsillitis; (3) influenza; (4) any condition accompanied by fever; (5) erythyma scarlatiniformis.

Differential Diagnosis.—From puerperal fever where desquamation occurs we have the history, which is usually one of infection. The tongue is

thickly furred, with reddened edges. The throat may or may not be inflamed and a definite diagnosis may here be almost impossible, as the conditions may be so similar as to becloud the points of difference. We may, however, take into consideration the presence of an epidemic of scarlet fever, and whether or not any member or members of the family have previously had the disease. If so, it would give us strong presumption or aid in reaching a conclusion.

Influenza and scarlatina is differentiated by the onset of the influenza, the severity of the pains in the joints and other parts of the body. The fever, as a rule, is slight—seldom over 102° F. The pulse is full and compressible; commonly feeble and irregular, as a rule; moderately increased in frequency, but in proportion to the fever. The tongue is coated, but the strawberry appearance is absent. When desquamation takes place in influenza it is not preceded by a rash. Epistaxis is frequent in influenza. The presence of an epidemic and the great prostration of the patient also are aids in clearing up the case.

From tonsillitis we should remember the fact that it is often preceded by or accompanied by an acute attack of rheumatism. The coryza is not as severe. There is a general aching of the body and joints. The temperature, which at times runs as high as 103-4° F., is in proportion to the pulse. The tongue may be coated, but is not strawberry-like. When the desquamation takes place it is not preceded by a rash. There may also be a history of frequent attacks of tonsillitis.

From other conditions accompanied by fever we must take the history of the case into consideration, the prodromes, the symptoms, as well as the clinical picture as found in making out the diagnosis. I need not go into the detail as to what the other conditions are which may be confused with scarlet fever. The most common are, as you know, measles, chickenpox, smallpox, diphtheria, typhoid fever. The symptoms in these are such that they stand out in bold relief so as to diagnose themselves on sight.

Erythema scarlatiniformis is ushered in, as a rule, with some general disturbance, but the constitutional symptoms are less severe than in scarlet fever. The strawberry tongue is absent. The rash may appear immediately or be delayed for two or three days. Desquamation sets in early and is generally very abundant, large sheets of skin being thrown off. There may or may not be fever, and the pulse is not disturbed to any extent. The classical symptoms of scarlet fever do not appear. The only thing that may confuse is the rash, which is as the name indicates, scarlet in appearance. However, as the condition is relatively rare, I merely mention it in passing.

Treatment.—We should, of course, adhere to our specific indications in this as in any other condition. Scarlatina is no exception to the rule. I desire to call your attention to a few points in handling this malady. It being a contagious infective disease all means of prophylaxis should be employed; hence, the throat should be freely gargled. I have found a solution of hydrastis and echafolta very useful. For internal asepsis I employ echinacea from start to finish, combined at times with aconite or gelsemium, as the case may require. If the rash is slow in coming out I give belladonna in

small doses. If the throat is severely affected I have found a solution of epsom salts—one ounce of the salt to one pint of water (warm) applied as a compress constantly to the throat is effective. Lloyd's asepsin soap I have found to be very good, applied as a lather after the rash has appeared. Should complications occur I am sure every one of you know enough to use your common sense to treat them as the symptoms call for.

COLLOIDAL CHEMISTRY.*

Prof. John Uri Lloyd, Cincinnati, Ohio.

Ladies and Gentlemen:

You have heard the words "colloidal chemistry" used tonight. You have seen it increasingly in print in the last two or three years. The question is constantly asked, "What is colloidal chemistry?" I am often asked, "What do you consider colloidal chemistry to be?" I consider it a term that can be both used and much abused. The man who has made a study of it decade after decade is the man who is least likely to use it in the flippant manner in which I often hear that term employed. Inasmuch as it has been a study of my own for over forty years, I believe I am competent to say to you that colloidal chemistry is something that in its outreaches no man yet comprehends. What is the meaning of the word "colloidal?" I find in my audience many physicians who have scarcely given the subject of chemistry a thought. I shall attempt in making these definitions to speak to them. It is not a new term but was introduced in the beginning of the last century by a chemist named Graham, who applied it to materials that did not crystallize. He spoke of "colloids" and "crystalloids." If a substance crystallized it was a crystalloid; if it would not crystallize it was a colloid. That definition answered for a time. That definition still prevails, but it must be amplified on the side of the colloid.

What is a colloid? A colloid is a body that refuses to crystallize. Give us a sample of a colloid. Not a person in this room but is familiar with the typical colloid. Let me name a few types of colloid. Jelly—in jelly made from any fruit are colloids. Now someone here may say, "I have found crystals when jelly stands." Let me answer that by saying that you would not find crystals in jelly if it did not have sugar in it. Another colloidal family is glue—a typical colloid. No crystal in glue. Gelatine—a typical colloid; never has been crystallized. The white of an egg—typical colloid. Now, with these in mind, ask me where I draw the line between the various colloids known, and I will tell you where I draw that line.

I remember a lecture given on insanity in Cincinnati by Dr. McMillan years ago. I remember I was very much interested in that lecture

*A brief resume of Professor Lloyd's remarks in reply to the question, What is colloidal chemistry and what is a colloid?

because of his way of discriminating between insanity and sanity; between the sane man and the insane, and this was the line he drew: "Take a string and stretch it from the upper corner of this room to the lower corner of the other end of the room, and then stand men under that string. From the tallest to the lowest, no line can be drawn that will divide them into classes. They grade off and pass from one to the other, until the question is, where does sanity begin and insanity end?" He could not draw the line. Ask a fungus botanist to draw a line between this plant and all others, and one shades into another until finally there comes a line where they are so alike that they run together. I can remember when a question was as to whether a sponge was animal or vegetable. So with colloids—substances that will not crystallize. Did you ever know a rope to crystallize? I never did. The fiber that makes the strength of the rope has never been crystallized. It, like gelatine and jelly, is a structureless substance. Can you draw a line between the materials that lie between the fibres of a rope and the mucilage of the quince seed? Therefore, I say, when you ask me to define a colloid, that I can not define it, in general terms, better than Graham employed one hundred years ago. But no man can tell what the morrow will bring forth.

Where do you find the colloids in activity? Wherever you find life, there you find a colloid. Did you ever stop to think that every tissue of the body, every serum of the body, even the bone texture, is not crystallized? When crystallization comes then comes trouble, be it in the joints, bladder or gall-bladder.

Now, what relationship do the colloids that are not animal bear to those that are? Let me ask you a question: What foods do you eat? What flesh that is a crystal? What vegetable that is a crystal? What nourishing soup that is crystal? What jelly that is crystal? Where do you find a crystal that is a food? You say sugar. Yes, but when sugar dissolves it is a typical colloid, and sugar dissolves the moment you swallow it. Salt, possibly, becomes a colloid. Note Dr. Wolfgang Ostwald's lectures on colloidal salt. So, in my opinion, we are living colloids, and the same will apply wherever else we have life.

Consider the structure of plants—these textures are colloidal. It matters little whether it be a fiber that can make a rope or the serum that feeds the fiber that makes the rope, they are all colloidal. So far as we know—when we make an assertion we make it under that condition—so far as we know all normal plants in activity and life, from the serum to the solid fiber that holds the serum in the cell, are colloidal.

Now, at the beginning of the last century came a change in the science of chemistry applied to plants. Up to that time we had had fluid preparations, such as decoctions and infusions. Chemists discovered that from opium they could get a crystal and that that crystal was intensely energetic and possessed of the quality of putting people asleep, so they called it morphia. It had other qualities. It was alkaline and

they called it an alkaloid by reason of that fact. Immediately the eyes of the chemical world were turned to the making of crystalline structures, and there is where, in my opinion, a great wrong has been done to medicine, because it has diverted experimentation from the natural structure of a drug to the artificial as made by chemists. The alkaloid that they got in the form of a crystal is made crystalline by the chemistry applied to the drug. They can get it from the juices of the natural opium, but when they destroy the juice by the use of strong acids, they get morphine. The same thing is true of quinine—cinchona. There the same rule prevails. Chemists have to use acids or alkalies to destroy the natural plant structure and they do this by their chemistry. The crystal of sanguinarine springs into life and form when the colloidal juice of sanguinaria is destroyed.

CHEMICALS IN THE TREATMENT OF TUBERCULOSIS.

J. C. Mitchell, M.D., Louisville, Ky.

Arsenic has been used many pears by the Eclectics in this as well as other diseases. You know its indications—worse in the evening about eleven. Used by itself we get the effect of it on the vegetative functions as a stimulant and alterative. When it is combined with potassium, as in Fowler's solution, we get, in addition, the effect of the potassium on the cells. Arsenite of copper is usually thought of in bowel complications with fetid greenish stools.

Copper is thought of when we have a pallid, greenish tinge of the skin and mucous membranes, showing the need of a blood-maker. The preparation which is used depends upon the results we desire. Specific cuprum gives the action of the copper only. The salts give, in addition, the action of the acid radicle.

Calcium is probably the most used chemical in the treatment of tuberculosis. It is said to be the basis of one of the most widely advertised proprietaries for the cure of this trouble. Someone has suggested that when there is an excess of lime in the blood that calcareous deposits will be formed in the tubercular foci. The sanitoriums rely upon calcium chloride to combat the hemorrhagic tendency. They will give a patient twenty to sixty grains daily.

The hypophosphites have been a standby for lo these many years. Now their efficacy is being questioned very sharply. The manufacturers are still boosting their preparations.

The brown iodide of lime gives fine results in the treatment of tuberculosis. Through the medium of this agent we get the effect of the iodine in addition to the lime. Dr. Henderson, of Astoria, Ore., sets great store on this remedy in his tuberculosis work. The results from a five-grain tablet, four times a day, are surprising. The commercial iodide of lime is practically inert.

Salicylic acid and the salicylate of sodium are beneficial until they commence to irritate the stomach. We use them as general antiseptics and to relieve rheumatic pains. The best way to use them is intravenously. It has occurred to me that the marvelous results we get from them in tuberculosis would suggest that possibly tuberculosis is due to an excess of a protein diet.

Bichloride of mercury is quite a favorite with some physicians. We know it is a powerful antiseptic and alterative. It is used in a dose of one thirty-second of a grain, four times daily.

Iron is another metal that always gives good results in tuberculosis. Iron is primarily a hematinic and certainly we have an anemia in this disease. The modus operandi of its efficacy is hardly germane to a paper of this character. The hoary standby of our ancestors—the tincture of the chloride of iron—is still a favorite with many of our present-day medical men. Our selection of the particular preparation should be governed by the condition of the patient and the results we hope to get from the exhibition of the remedy. The arsenate of iron gives us the beneficent action of the arsenic radicle and the iodide gives us the resolvent action of iodine in addition to the blood-making of the iron.

Chemicals in the Treatment of Tuberculosis.—Iodine is extensively used but usually in the form of the iodide of some other metal. Always remember that iodide is a resolvent and alterative, and, knowing the other action we desire, we can readily select our combination. Ten to fifteen drops of the tincture of iodine can be dropped into the watery solution of salicylic acid and guaiacol just before the intravenous injection. Don't add it to your stock solution or you will change your chemical combination and destroy the preparation.

An excellent combination of metals for use in this class of cases is Bullock's formula for the liberation of free chlorine and free oxygen in the intestines. The formula is:

Permanganate of potash.....oz. i.
Hydrochloric acid, C. P.....dr. vi.
Water .....gallon i.

Mix and agitate occasionally, then add phosphoric acid, 85 per cent. solution, dr. 1, every two hours until dr. iv have been used.

Of the resultant mixture a teaspoonful is put into a quart of water and injected high up in the bowel. Have patient expel it in ten to twenty minutes, or earlier if there is much pain, due to distension from the accumulation of gas.

The daily use of this gives very fine results in controlling the fermentation in the large intestine not only in tuberculosis but in other diseases where we have the same condition of putrefaction. The absorbents of the large bowel do not discriminate between the products of putrefaction and those of digestive changes, but impartially absorb them all. The odor of the bowel movement is quickly controlled and the fever drops one to several degrees.

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QUARTERLY

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THE WAR.

Mankind, from the earliest, misty past has been reaching outward and upward. Great movements of the people have been traced and the ethnic history of man unravelled from the scanty records and philological relations.

Many of the advances of mankind have been preceded by or terminated in war. Great sacrifice of life and treasure have always attended the contests whether growing out of religious fervor, political differences or treachery and selfishness. Out of this vast waste of life and property have come some measures of good, though far from proportionate to the cost.

Aggressiveness and treachery have always been met with valorous defense and loyalty, and as the ages have swept aside ideals in religion, government and culture have come and gone. Great principles have been set up and have won conspicuity through turmoil. Man garners a few new ideas, advances from one state to another with most exasperating waste of time, energy and everything we treasure.

The great *world war of today,* made many times more destructive than any previous war by the ingenuity of man, is in many respects a repetition of some of the history of the past and out of it some good, much good, we trust, will come. *May it come soon,* but not—*not peace at any price.*

Only a few months ago, the treachery and butchery and selfishness of Germany and her rulers would have been beyond belief; now we see all the cunning brutality and inhumanity of the past ages made more horrible because we see it at the hands of a people who were wont to refer to themselves as people of *kultur. All for what?* Ideals must be held aloft or swept away. A great principle must be made a reality in human life, humanity must advance, and to do so shackles of the past ideals, militarism with all its

horrors must give way, human progress must be established in liberty for *all* the world over and *all* must respect this ideal.

Advance movements in all lines have only another such experience. In medicine, how close a parallel in the progressive movements—looking to the comfort and betterment of mankind—but the principle back of it all is that of self-sacrifice and the endeavor to relieve humanity, has made an advance of ideals necessary—progress in medicine had its revolutions. The selfishness and injustice of the powers that be *must give way* to the *great ideals.*

Progress disturbs the usual in life, upsets the social, political and professional equilibrium, reactionaries and the self-satisfied we expect to "lay back." But the movement once under way *must* go onward and upward. It will have occasional reverses and relapses—yet mankind must evolute and all the forces of strife and selfishness will but delay—they can not permanently stop progress.

The Hapsburgs and Hohenzollerns in medicine have been defeated in every fair and open contest. Much progress has been made, but shall the warfare cease? Now comes the treacherous cries of peace and we have the parties who are willing for peace at any price because, after all, we are *all* physicians—our opponents have convinced themselves and a few others that there is no longer any difference between the schools, and they are willing to call it a "draw" and cease warfare. It will be noticed, also, that the peace offers all come from the enemy; we are asked to fraternize with them, yea even sit in their camp and indirectly assist them in perfecting their plans to monopolize the practice of medicine in the United States, after which we shall represent the little Belgium with all the blessings of dependency.

"Life is so dear and peace so sweet" some are willing and anxious to have it "at any price."

The lesson we can draw from this war is, to me, very plain. It was, no doubt, always plain enough to the loyal and to those who have planned the campaigns and worked out the details. It is not to be peace without victory. The enemy is aggressive, always was and ever will be. Progress can not be secured by carrying the first line of defense only, by obtaining nominal liberty and equal rights; but if these were so desirable that they were won after years of warfare, shall we cease our vigilance and preparation to protect these rights? We can not afford to forget that man can undo anything man has done. Objects of great worth and containing inestimable value in art and treasure have been destroyed, ruthlessly, in a few hours. Great principles—our treasures—must be protected. Slackers will not do it. Those who believe in a principle care little for its value if they fail to institute measures for its protection, perpetuity and application.

The soft voice urging peace before such objects are attained, and from an insidious enemy who is just as anxious now as ever before to override all opposition, does not seem reassuring to those who have "fought the good fight and have kept the faith." If we correctly understand the issues upon which our government entered this war, it is *to protect the rights of all,* those in minority especially—so our war for principle, for medical liberty,

for mankind and progress is to protect those whose rights are ignored or trampled upon.

For the reasons appearing above, this should be a banner year in our organization, for all progressive men who are actuated by love of principles and high ideals. Our association should prosper because of this war. It should bring to our minds the crying needs of the hour. Humanity is being slain, starved and crucified—our hands go into our treasure—nay, our wise leaders put the very best of the nation up to protect the foundation principles of liberty and freedom. Shall we be slackers? Shall we be less? Unpreparedness was the source of great cost to the United States. Shall we profit by the example and experience? B.

610 Newton Claypool Building.

RAW EGGS.

Slowly but surely many of our theories and ideas in medicine are being changed. The studies in the laboratories are compelling an "about face," unless we choose to adhere to our preconceived notions or presumed clinical knowledge, notwithstanding the dictum of the laboratory. As long as my memory runs we had heard and read time and again, the advice to feed your tubercular patients raw eggs. We, too, have advised it often, but never succeeded in having the patient take as many in the day as some advise. Now we read that the "raw egg white is resistant to the digestive action of the gastric enzyme, pepsin, and likewise exhibits conspicuous antitryptic power." The article referred to is an editorial on page 1006 of the Journal of the American Medical Association, September 22, 1917, entitled "The Objections to Raw Eggs in the Diet." The article refers to the experiments of Beaumont a century ago, who noted that native egg white left the stomach very rapidly in comparison with other foods. The observation has been repeatedly confirmed and is the presumed basis for the impression that raw eggs are very easily digested, "inasmuch as they are chymified," in one and a half hours as against three for soft boiled eggs.

The article quotes the observations of Mendel and Lewis of Yale University, who several years ago called attention to the poor utilization of raw egg white in animals as exemplified by the diarrheas to which it can give rise. Bateman in the same laboratory has made an extensive study of this phenomenon and has found raw egg white to be decidedly indigestible in dogs. When fed in any considerable quantity it produces diarrhea and sometimes vomiting, the severity of which depended in a measure upon the amount ingested as well as to some extent upon the individual susceptibility. The egg white could be recovered unchanged in quantities varying with the amount ingested in the stools of the animals experimented upon. Bateman reports that this deportment of egg white noted in several species is by no means unknown in man, and cites numerous instances to show that raw egg may cause diarrhea and vomiting and that the utilization of native whites in the human is often found as low as 50 per cent. This information somewhat

upsets our custom of recommending raw eggs *ad libitum*. We have had patients who could not possibly take raw eggs, but we attributed it to a dislike for them or to an idiosyncrasy, having been taught and having read so repeatedly of their usefulness and digestibility.

The editorial for this refers to the fact that there is a probability that the egg white may reach the large intestine by reason of its poor utilization and there become a pabulum for putrefactive bacteria. Cooking, however, removes the partial indigestibility and puts egg white into the category of readily assimilable nutrients. In contrast to this effect of the white, the yolk appears to be well digested and utilized.

Bateman summarized the problem as follows: "A substance which fails to stimulate a flow of gastric juice and is antiseptic, which hurries from the stomach, calls forth no flow of bile, and strongly resists the action of trypsin, which is poorly utilized and may cause diarrhea, has evidently little to recommend it as a foodstuff of preference for the sound person, let alone for the invalid And when the native protein needs only to be coagulated at 70 C. in order to obviate almost all the effects mentioned, there appears to be still less reason for using it uncooked."

The editorial sums up thus: "This does not mean, of course, that raw egg is toxic in the correct sense of the word. The reputed relation of excess of egg white to renal damage and the frequent occurrence of hypersensitiveness to its proteins offer additional reasons for debating the wisdom of a liberal use of raw eggs." M.

VACCINE THERAPY.

So many of our men are continually extolling the virtues of vaccines and serums, we thought the following editorial from the Journal of the American Medical Association might prove of interest to our readers. I am still of the opinion that I will yet see the demise of this form of medication. I have never been enthusiastic over it, and have frequently claimed it is empiric and has not as much of a scientific basis as has specific medication. In fact, the latter has stood the test of fifty or more years and still grows in favor, even among those not affiliated with our school. It appeals to everyone who uses it thoughtfully and understandingly. We reiterate our belief that too many physicians prescribe, not from their knowledge of therapeutics, but from the advice and recommendation of traveling salesmen and the trade pamphlets of manufacturing houses. Is therapy a lost art? Is the study of medicine confined to pathology, diagnosis and surgery? Can it be possible "the leaves of the tree were for the healing of the nations?" Nihilism in medicine has certainly accomplished its purpose.

Vaccine Treatment Again.

In these pages we have called attention repeatedly to the *post hoc ergo propter hoc* fallacy in claims advanced in favor of the treatment of various infectious conditions with bacterial vaccines. The majority of the acute

and subacute conditions are curable spontaneously without any such specific means as vaccines have been thought to be, and especially when the general condition of the patient receives good attention, and when, as in the case of strictly local infections, the proper conditions favorable for healing are secured by surgical measures. In any event, the more chronic infectious processes subjected to vaccine treatment almost without exception present variations in their course; periods of improvement succeed periods of exacerbation.

On account of these facts it obviously is utterly impossible to judge of the effects of any given treatment of such diseases as we now have in mind without the most careful comparative observations in treated and untreated cases of such nature and under such conditions that the results obtained in the two groups are comparable. As pointed out by Leake in his article on bacterial vaccine therapy, whenever this kind of study has been made so far, the results appear to be about the same in the two groups, the test groups and the control group. This is true not only of whooping cough and typhoid fever, but also of that intractable infection, gonorrheal vulvovaginitis in young girls, and, we believe, in pyorrhea alveolaris, too. As for strikingly favorable results in individual instances reported by vaccine enthusiasts, and repeated over and over again in advertisements, they are all matched, every one of them, by equally brilliant results in cases not treated with vaccine and of frequent occurrence everywhere. In other words, the present situation as to vaccine treatment illustrates again that uncontrolled clinical reports have no value as evidence as to the curative value of a treatment in spontaneously variable and self-curable diseases, and as Leake says, the case in general for bacterial vaccine therapy is not proved.

The history of commercial vaccines is not creditable to many medical and scientific journals. At present the Journal of Bacteriology, the official organ of the Society of American Bacteriologists, managed and edited by a committee of distinguished bacteriologists (distinguished, however, not for high standards as to ethical advertising in scientific fields), carries a full page display advertisement which reads:

HAY-FEVER
SUCCESSFULLY TREATED WITH
BACTERIAL VACCINES.

Pollen irritation and breathing of the hot dust-laden atmosphere favor the development of pyogenic bacteria in the respiratory tract, which then become a factor of the disease.

Experience shows that the immunizing influence of an appropriate bacterin will either cure the disease or so modify it that it causes but little distress. Use ———'s. No 40. Write for literature.

Where is the evidence of the cure? Of the modification of the disease? As no conscientious person wishes to be the means of spreading what is false, let us take to heart and profit by what Bacon says: "If false facts in nature be once set on foot, what through neglect of examination, the countenance of antiquity, and the use made of them in discourse, they are scarce ever retracted." M.

PATRIOTISM.

We do not know that the above title is germane to medicine, but at the present time when war, preparedness, loyalty and patriotism is the talk of every street corner, every gathering and every home, it can not be out of place even in a medical journal. The writer is not old enough to recall the scenes incident to the breaking out of the Civil War, but, of course, remembers the Spanish-American and the present one. There is none of the enthusiasm of the spontaneous outburst of loyalty displayed in the present instance as in the Spanish-American War. Often have I asked myself this question. Often have I wondered why the difference. Here in the Middle West we see but little that would indicate that our nation is engaged in this world war. Were it not for the occasional service flag seen, the increased cost of living, in fact, the increased cost of everything pertaining to the household, we would be in perfect ignorance of the fact. True, we have our daily papers, but the news is scarce and unsatisfactory. Again the question arises. Why? Surely our people will wake up. Our sons are gone and no doubt we have all given our mite by way of the liberty loans and Red Cross, and yet there is lacking that vital, alert interest that a people should manifest in the present condition. The indifferent, passive attitude of our people is beyond comprehension. Are not our people patriotic; are we lacking in loyalty? In displaying patriotism, I understand it demands some sacrificing. From the public forums on the street corners and in the newspapers, our politicians and spellbinders are endeavoring to awaken enthusiasm, yet they fail to put to practical use what they preach. We do not see them enlisting or offering their sons. We do not see them assisting the Red Cross or subscribing substantially for the liberty bonds; thus patriotism is for effect only, not sacrifice. Coal operators are demanding a large price; merchants, a larger margin of profit. Speculators in foodstuff go merrily on their way, and farmers are holding for higher prices and the laborer strikes for higher wages. The middle class still furnish the sinews of war. It was ever thus. The consumer still pays the tariff. The government taxes commodities and the tax is paid by the ultimate consumer with compound interest. The present price of alcohol is but one instance of "who pays the fiddler." After all, this is a selfish world, and man, as a rule, is only patriotic when it costs him nothing. This has been exemplified to me so often in our present crisis that I have almost lost confidence in my countrymen's patriotism. I could still write on and on, but have probably said sufficient; but the query still arises, why this indifference, why this apathy on the part of our people? What will awaken them? M.

Through an oversight we omitted the personnel of the house of delegates from the meeting in our last issue. It should appear at the bottom of page 10, after the clause, "Matters of business were then taken up": Arkansas, E. H. Stevenson; Florida, G. A. Munch; Georgia, D. H. Griffith; Illinois, R. J. Lambert; Indiana, J. H. Hauck; Iowa, W. W. Maple; Kansas, J. H. Reinhart; Kentucky, J. C. Mitchell; Michigan, H. A. Shafor; Mis-

souri, H. H. Helbing; New York, T. D. Adlerman; Nebraska, F. L. Wilmeth Oklahoma, E. G. Sharpe; Pennsylvania, W. S. Glenn; South Dakota, W. E. Daniels; Ohio, T. D. Hollingsworth; Tennessee, F. O. McKeel; Texas, H. W. Gates; Eclectic Medical College, Cincinnati, J. K. Scudder.

ROLL OF HONOR.

The QUARTERLY desires to ascertain the names and location of all our men who have gone into the service. Many of us have sons who have enlisted; many of us know of those who have offered the government their services. Will you kindly furnish the editor with the names of all Eclectic physicians, whether a member of our society or not, who are members of the Medical Officers' Reserve Corps and their location? To date we have the following:

Arkansas.—Samuel G. Boyce, Little Rock.

California.—Martin W. Fraser, Richmond; J. R. Buckingham, Big Pine.

Indiana.—Fred L. Hosman, Indianapolis; G. A. Smith, Bryant, Ft. Oglethorpe, Ga.; Brose A. Horne, Gas City, Ft. Oglethorpe, Ga.

Illinois.—Chas McLaughlin, Berlin; R. Herrick, Wyanet.

Iowa.—Wm. E. Brown, Cedar Rapids.

Kansas.—C. F. Brubaker, McPherson, Camp Funston; Edward K. Lawrence, Pawnee City.

Kentucky.—J. A. Farabaugh, Clinton; H. T. Alexander, Fulton, Syracuse, N. Y.; J. M. Staughton, Covington.

Michigan.—J. F. Conner, Detroit.

Missouri.—E. F. Cook, St. Joseph; Frank Hurwitt, Kansas City.

Nebraska.—Major J. F. Spealman, Lincoln, 2nd Field Hospital Corps, Neb.; First Lieut. H. B. Metheny, Lincoln, Fort Riley, Kans.; Dr. Jester, Bethany, Deming, N. M.; Carl Morrow, Lincoln, Ft. Riley, Kans.; F. M. Swartwood, Lincoln; Sam E. Metheny, Cairo, Fort Riley, Kans.

New York.—Frederick Terwilliger, Spencer, Ft. Benjamin Harrison; Hilton J. Shelley, Middletown, Ft. Benjamin Harrison; V. von Unruh, New York, Ft. Benjamin Harrison.

Ohio.—W. C. Davis, East Liberty, O., Fulham Military Hospital, London, England; C. O. Bayless, Dayton, O., Belleville, Ill.; Earl L. Waite, Cincinnati, O., Fort Benjamin Harrison; F. J. Owry, Cincinnati, O., 342nd Field Hospital, Camp Grant, Ill.; R. S. Postle, Akron, on duty abroad; F. D. Postle, Delaware, on duty abroad; M. L. Peterson, Cincinnati; Harold Gibson, Blanchester; B. S. Englerth, Anna; C. S. Mundy, Toledo; L. D. Miller, Toledo; Everett T. Skeels, Akron; J. S. Hagan, Cincinnati; F. O. Williams, Columbus, Columbus Navy Unit; F. F. DeMuth, Cecil; Myron Hanna, Scott, Camp Funston, Kan.; W. H. Ambrose, New Petersburg, Camp Grant, Ill.; C. Van Buren, Carey; Allison Van Horn, Findlay, on duty abroad; A. C. Musgrave, Ohio City; George Curl, Edgerton; S. W. Mattox, Marion; L. W. Naus, Upper Sandusky; C. L. Harding, Bellevue; J. D. Siddall, Kalida; W. H. Carey, Bellefontaine; R. W. DeCrow, Sciotoville, Ft.

Benjamin Harrison; Charles R. Deeds, Dalton; Chas. W. Beaman, Cincinnati; L. C. Wottring, Cincinnati; O. C. Shrader, Bowling Green; J. D. Holston, Massillon; S. Paul Tharp, Cincinnati; Clifford P. Krohn, Morrow; Albert F. Snell, Jr., Cincinnati; Neil E. Taylor, Cincinnati; Clarence J. Schirack, Coldwater, Ft. Benjamin Harrison; Francis J. Abt, Cincinnati; Franklin Conner, Sidney; John R. Crum, Forest, ordered to Chillicothe, O.; William Lieser, Ft. Recovery; Joseph Finley, Ironton; Herman W. Honeck, Ridgeville Corners; Ralph E. Powers, Akron, Camp Custer, Battle Creek, Mich.; James W. Salisbury, Toledo.

Pennsylvania.—Wm. S. Glenn, Jr., State College; Harry S. Monroe, Waldridge, on duty abroad.

South Dakota.—W. P. Collins, Howard; E. W. Goldman, Madison.

Texas.—G. H. Stagner, Waco; F. H. Standlee, Lyra.

West Virginia.—Lambert, A. C., Charleston, in France.

Wisconsin.—D. C. Rodecker, Holcomb, Ft. Benjamin Harrison; C. W. Hawley, Minocqua.

NEWS NOTES.

California.

Among the amendments passed by the 1917 legislature in California was one providing for a $2 registration fee payable to the Board of Medical Examiners by all holders of any form of certificates issued by the present or any previous licensing board of that state. The fee is due January 1 of each year. Failure to pay the fee within sixty days automatically revokes the certificate, and must be paid in order to restore it. Thirty days prior to January 1 of each year the board will forward a notice to each certificate holder, and it is essential that licentiates notify the board of each change of address. The board expects to publish each year a directory of the licensed practitioners of the state, physicians as well as osteopaths, and drugless healers, and will send a copy to each licentiate who has paid his annual fee.

The College of Physicians and Surgeons, the medical department of the University of Southern California, Los Angeles, announces that students matriculating in the session of 1918-1919 and therafter will be required to take a five-year course before obtaining the M.D. degree, the fifth year to be spent as an interne in a hospital acceptable to the senior faculty, or have its equivalent in other advanced clinical training.

Dr. M. W. Fraser, of Richmond, has received a commission as first lieutenant in the Medical Reserve Corps of the United States Army.

Dr. Henry Gross has removed his office to 936 S. Alvarado St., Los Angeles.

Dr. Rose L. Burcham has removed from 312 Coulter Building, to the Citizens National Bank Building, Los Angeles.

Dr. A. S. Brackett has removed from 1336 W. Eleventh Street to 1057 Overton Street, Los Angeles.

Dr. H. T. Webster has removed temporarily to Paulding, Ohio.

Dr. Catherine Ohnemuller has opened an office at 426 California Building, Los Angeles.

Dr. J. R. Buckingham has enlisted in the Medical Officers' Reserve Corps.

Dr. Felicie Petit Piat has removed to 327 Altman Building, Kansas City, Missouri.

Florida.

Dr. Emil C. Aurin, of Ft. Ogden, has been appointed a member of the State Eclectic Board of Medical Examiners.

Georgia.

A. F. Fleming, of Waycross, has been reappointed a member of the State Board of Medical Examiners.

Illinois.

Examining Board Appointed.—A board to exercise the examining functions under the administrative code, formerly performed by the state board, has been appointed as follows: For medical practitioners, Dr. L. C. Taylor, Springfield; Dr. Carl E. Black, Jacksonville, and Dr. John H. Robinson, G. M. Cushing and William L. Noble, Chicago.

Indiana.

Dr. G. A. Smith, of Bryant, has enlisted in the Medical Officers' Reserve Corps of the United States army. He desires to secure someone to look after his work while absent on active service.

Dr. Wm. P. Best has opened an office at 610 Newton Claypool Building, Indianapolis.

Iowa.

Dr. Theo. Barnes has removed from Charlton to Des Moines, care of Presbyterian Hospital, 406 Center Street.

Dr. W. E. Brown, of Cedar Rapids, has received his commission as first lieutenant in the Medical Officers' Reserve Corps, and has been ordered to Ft. Riley, Kansas.

Kansas.

Dr. C. T. Brubaker, of McPherson, Kansas, has passed his examination and has been recommended for appointment in the Medical Officers' Reserve Corps.

Edward K. Lawrence, of Great Bend, has been commissioned as first lieutenant in the Medical Officers' Reserve Corps of the United States army.

Massachusetts.

J. A. Nichols has removed from 21 Wilcox Street to 111 Euclid Avenue, Springfield.

Michigan.

Dr. Nelson McLaughlin, of Lake Odessa, has been appointed to succeed himself on the State Board of Registration in Medicine.

Missouri.

Dr. O. E. Amos, of Jefferson City, is a member of the Cole County Exemption Board.

Dr. Frank Hurwitt, of Kansas City, is first lieutenant in the Missouri National Guards.

Dr. Sophia Billenkamp has changed her address to 3450 Missouri Street, St. Louis.

Dr. H. H. Helbing has been appointed on the staff of the City Hospital, Department of Gynecology.

Dr. J. H. Rinehart has removed from McCook, Neb., to 125 W. Atlantic Street, Springfield. He is now taking a post-graduate in Loyola University, New Orleans.

The wife of Dr. E. B. Dawson was killed in an automobile accident.

Nebraska.

Dr. Harriet McGraw has located at 908 Sec. Mutual Life Building, Lincoln.

J. S. Rinehart has removed from McCook to 725 W. Atlantic Street, Springfield, Mo.

New York.

Dr. Henry Elwood has been appointed medical interne at the Willard State Hospital, Willard.

Dr. Frederick Terwilliger, of Spencer, has been commissioned as captain in the Medical Officers' Reserve Corps.

Dr. Hilton J. Shelley, of Middletown, has received a commission and been assigned to Ft. Benjamin Harrison.

Ohio.

Dr. Harold Gibson has enlisted in the Medical Reserve Corps and received a commission as lieutenant.

Dr. Benj. L. Englerth is a first lieutenant in the Medical Officers' Reserve Corps and is at Ft. Riley training camp.

Drs. Carll S. Mundy and L. D. Miller have enlisted in the Medical Reserve Corps.

Dr. Byron H. Nellans has been appointed surgeon for the Big Four and C. H. and D. railroads at Elmwood Place.

Everett T. Skeels, of Akron, has been appointed first lieutenant in the Medical Reserve Corps.

Dr. Robert S. Postle, of Akron, has been appointed lieutenant in the Tenth Infantry, Ohio National Guards; his brother, Dr. Franklin Postle, the same position in the Fourth Infantry.

Rev. Walter Jones, a freshman in the 1916 class of the Eclectic Medical College, has received a commission as chaplain in the First Ohio Field Artillery.

Dr. J. Stewart Hagen has accepted a position as first lieutenant in the Medical Reserve Corps and has been attached to the Cincinnati Base Hospital Unit.

Dr. Fred O. Williams, of Columbus, will be in charge of the medical department of a naval unit hospital equipped by the profession of Columbus.

Rules Against Nurse-Anesthetists.—The giving of various drugs

to produce anesthesia when surgical operations are being performed constitutes the practice of medicine, under the provisions of the medical laws of this state. It is, therefore, illegal for a nurse or any person other than a licensed physician to administer an anesthetic in Ohio.

This opinion, which confirms a similar opinion rendered by Attorney General Hogan in 1911, was handed down August 14 by Attorney General Joseph McGhee. It is issued to Mr. Howell Wright, member of the senate from the Cleveland district, who is also secretary of the Cleveland Hospital Council. Mr. Wright authorizes the statement that this opinion will be contested in the courts and that very shortly the Supreme Court of Ohio will be asked to pass upon the question as to whether a nurse, acting under the direction of a surgeon, may administer an anesthetic. Undoubtedly the case will be bitterly fought, as the organized anesthetists will seek to have the courts sustain Mr. McGhee's ruling.

Dr. Edward Brinkerhoff has removed from Bristolville to Warren.

Dr. N. M. Dewees has removed from Cambridge to Palacios, Texas.

Dr. Wm. K. Ruble, of Martinsville, has been elected treasurer of Clinton County.

The regular quarterly meeting of the Ohio State Medical Board, all members present, was held October 1 and 2, in Columbus. Questions were submitted for the next semi-annual examination to be held in Columbus, December 4, 5 and 6, 1917. The following physicians were licensed on reciprocity: Arthur M. Calvert, Illinois, to the Tuberculosis Sanitorium, Cincinnati; George W. Dunlap, Illinois, to Toledo; Hugh Mulheron, Michigan, to Akron; L. R. Cranmer, Michigan, to Steubenville; H. A. Lichtig, Michigan, to Cleveland; Floriano Stolfi, New York, to Akron; S. Greenfield, New York, to Akron; S. W. Saxton, Pennsylvania, to Steubenville; H. K. Heinrich, Pennsylvania, to Youngstown; A. W. Montague, Jr., Texas, to Cincinnati; C. H. Dean, Virginia, to Akron.

Reciprocity arrangements were entered into with three additional states, and the Ohio list is now as follows: Reciprocity, after State Board examination only, with graduates from New York, New Jersey, Texas, Louisiana, Pennsylvania, Utah, Virginia, Wyoming and Wisconsin.

Reciprocity, on the basis of diploma registration before 1900 and State Board examination after 1900, with the following states: Alabama, Arkansas, Colorado, District of Columbia, Indiana, Illinois, Iowa, Kansas, Maine, Mississippi, Maryland, Michigan, Minnesota, Missouri, Nebraska, Vermont, West Virginia, Kentucky, Delaware, California and Oklahoma.

Reciprocity on Osteopathic licensure with Indiana, New Jersey, New York, Texas, West Virginia, California and Wisconsin.

Dr. Fred O. Williams, E. M. C. 1893, of Columbus, has been appointed surgeon and attached to the Columbus Navy Unit, which has been ordered on active duty October 16.

Dr. W. H. Ambrose, of New Petersburg, has received a lieutenant commission and been ordered to Ft. Benjamin Harrison.

Dr. P. M. DeCrow has been commissioned as first lieutenant in the Medical Officers' Reserve Corps, and is located at Ft. Benjamin Harrison.

Lieutenant Myron Hanna, of Scott, has been assigned to Ft. Riley, Kansas, for instruction.

Dr. W. H. Swisher has moved from 1463 W. Third Street to 14 S. Euclid Avenue, Dayton.

Dr. Ralph B. Taylor has moved from 1072 N. High Street to 131 E. State Street, Columbus.

Dr. Joseph Katz has opened an office at 407 Armory Avenue, Cincinnati.

Oklahoma.

M. Gray has moved from Mountain View to Durant.

Pennsylvania.

The Eclectic Medical Association met in Williamsport, September 19 and 20. A good and enthusiastic meeting is reported. The officers elected for the coming year are: President, C. E. Deck, Bethlehem; first vice-president, W. O. Keffer, Frugality; second vice-president, J. M. Ewing, Harrisburg; secretary, M. V. Hazen, Harrisburg; corresponding secretary, J. W. Ritter, Jersey Shore; treasurer, N. M. Glenn, State College. A donation was voted to the Cincinnati College.

South Dakota.

Dr. E. W. Goldman, of Madison, has received a commission as second lieutenant in the Medical Reserve Corps and has been ordered to Ft. Riley, Kansas.

Dr. B. S. Allison has removed from Lake Preston to Madison.

Dr. I. W. Kinsley has removed from Seneca to Pierre.

Dr. W. P. Collins has enlisted in the regular army.

Tennessee.

Dr. Benj. J. Simmons, of Granville, has been reappointed a member of the examining board to succeed himself.

Dr. J. T. McKeel has moved to Lobelville, Perry County.

Texas.

C. W. Watson has moved from Miles to Sweetwater.

G. H. Stagner has received his commission in the Medical Officers' Reserve Corps and is stationed at present at Fort Oglethorpe.

West Virginia.

Dr. A. C. Lambert, of South Charleston, has joined the Medical Officers' Reserve Corps and has been ordered to Fort Oglethorpe, Georiga.

Governor Cornwell, of West Virginia, has appointed Drs. Vincent T. Churchman, Charleston; H. Luther Clark, Kyle, and Hubert E. Gaynor, Parkersburg, as members of the public health council in place of Drs. W. William Golden, Elkins; Williamson J. Davidson, Parkersburg, and Joseph E Robins, Charleston, whose terms had expired. The public health council has in charge the licensing of physicians in West Virginia.

Dr. Harry S. Monroe has received a commission as first lieutenant in the Medical Officers' Reserve Corps, was assigned to Fort Oglethorpe, but volunteered with eleven others for immediate service and is now somewhere in France.

Dr. Benjamin V. Blagg is located at South Charleston.

Wisconsin.

Dr. R. C. Rodecker, of Holcombe, enlisted in the Medical Reserve Corps, and is now in training at Fort Riley, Kansas.

MISCELLANEOUS.

The seventy-third annual session of the Eclectic Medical College, Cincinnati, Ohio, opened September 14, 1917, and will continue eight months to May 14, 1918. The total enrollment will probably exceed ninety students, the decrease being principally in the freshman and pre-medical classes, due to the uncertainty of the present war conditions.

The provost marshal general recently announced a plan whereby one-year internes, fourth, third and second year medical students, who had been examined and accepted by local draft boards, would be allowed to join the Reserve Corps of the Medical Department, and be subsequently allowed to complete their medical education. Nine such students have already joined the Reserve Corps.

Over 13,000 physicians are now on active duty in various branches of the war service, and fully 10,000 additional will be necessary. These are taken between the ages of 22 and 55. It is estimated that probably one out of every four physicians in this category will eventually see active service. Fifteen years ago, there were over 7,500 physicians graduated annually, and in 1917 less than 3,400.

With a further reduction for war services, there will hardly be enough physicians to fill the vacancies caused by death or retirement, not counting many new places to be filled, so that there will undoubtedly be a better opportunity for young men to enter the medical profession now than ever before.

It is advisable to select well-educated young high school graduates and get them into some good standard literary college or university, which will give them the necessary premedical course, which must consist of at least one year's work of college grade in physics, inorganic chemistry, biology and a modern language. Then send them to the Eclectic Medical College in Cincinnati, and, if they do their part, we will guarantee their future success.

At each of the cantonments for the new national army hospital provision will be made for 3 per cent. of the troops. At each cantonment a complete hospital, containing at least 1,000 beds, will be constructed, with a space reserved for extensions. Sixty acres have been allotted to each hospital and its auxiliary buildings. The hospitals will cost approximately $500,000

each. One type is being used in all the hospital construction work done by the army. The buildings are 24 feet wide, the length varying to meet the special needs. The wards are usually 157 feet long, which is the size needed for thirty-two beds. There will be a diet kitchen for each ward, a porch at one side and end of each ward, and a corridor connecting with the buildings on either side, which will be covered in the case of the northern cantonments. About seventy buildings will be comprised in each cantonment hospital. Each hospital will have a well-equipped laboratory for bacteriologic and pathologic work. There will also be an infirmary for each regiment.

The number of physicians of the state who have connected themselves with the Medical Reserve Corps of the army and navy has more than offset the recent graduates from medical schools, and has left at least thirty-seven cities in Virginia without sufficient physicians to care for the sick. For this reason the State Board of Health, Richmond, Va., invites communication from physicians who wish to take up practice or to change their present locations.

OBITUARIES.

Backus, S. G., Eclectic Medical Institute, Cincinnati, 1904, at his home in South Charleston, W. Va., August, 1917.

Bates, Floyd Smith, of Adrian, Mo., University Medical College of Kansas City, Mo., 1910, at Fort Riley, Kansas, August 7, aged thirty years.

Blake, Robie, Eclectic Medical College of Maine, Lewiston, 1884, at his home in Carnish, Me., July 27, aged seventy-nine.

Castellan, Charles S., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1903, at Fort Worth, Texas, July 14, 1917, aged thirty-five.

Converse, Harvey H., American Eclectic Medical College, Cincinnati, 1878, at his home in Eastford, Conn., July 9, aged seventy.

Cornwall, Frank, Eclectic Medical Institute, Cincinnati, 1869, at Buena Vista, Mexico, August 30, aged seventy-one.

Daggy, Thorton, Eclectic Medical College of Indiana, Indianapolis, 1908, at his home in Indianapolis, July 29, aged thirty-seven years.

Dayton, George M., of Chattanooga, Tenn., Eclectic Medical Institute, Cincinnati, 1876, at Bethesda Hospital, Cincinnati, August 28, aged sixty-eight.

Gates, Josiah, of La Plata, Mo., Eclectic Medical Institute, Cincinnati, 1859, died in St. Joseph (Mo.) Hospital, July 24, aged eighty-five.

Greenberg, Augustus Abraham, Eclectic Medical College of the city of New York, 1904, at Brooklyn, N. Y., August 6, aged thirty-nine.

Griswold, Ralph B., Eclectic Medical Institute, Cincinnati, 1857, at his home in Banksville, N. Y., August 17, aged eighty-two.

Marvin, Jerome Place, Eclectic Medical Institute, Cincinnati, 1866, at his home in Harrison, Ohio, October 12, aged sixty-one.

Mason, Harriet Scudder, Eclectic Medical College of the city of New York, 1899, at her home in West Brighton, N. Y., September 17.

Stern, David Henry, Eclectic Medical College of the State of New York, 1892, at his home in Chicago, August 24, aged seventy-one.

Tandy, Leonidas W., Eclectic Medical Institute, Cincinnati, 1885, at his home in Creighton, Mo., June 8, aged sixty-seven.

Waite, Henry Edward, of New York City, Eclectic Medical College of New York, 1885, at Bethel Park, N. Y., July 26, aged seventy-one.

Whitham, Charles E., Eclectic Medical Institute, Cincinnati, 1859, at his home in Lawrence, Kansas, September 25, aged eighty-seven.

COMMITTEES.

Committee on Organization—Chairman, W. N. Mundy, M.D., Forest, Ohio.

Arkansas—C. E. Laws, M.D., Ft. Smith.
California—N. T. Cox, M.D., 600 York Building, Los Angeles.
Colorado—J. A. Dungan, M.D., Greeley.
Connecticut—Simon L. Katzoff, M.D., Bridgeport.
District of Columbia—Geo. McDonald, M.D., 1204 G Street, N. W.
Florida—G. A. Munch, M.D., Tampa.
Georgia—Benjamin L. Griffiths, M.D., Flat Iron Building, Atlanta.
Idaho—C. A. Barton, M.D., Payette.
Illinois—E. S. Spindell, M.D., Springfield.
Indiana—J. E. Holman, M.D., 1020 N. Tuxedo Street, Indianapolis.
Iowa—B. C. Minkler, M.D., Des Moines.
Kansas—J. S. Rinehart, Abilene.
Kentucky—J. C. Mitchell, M.D., Stark Building, Louisville.
Maine—F. W. Abbott, Taunton, Mass.
Maryland—F. L. C. Helm, M.D., 2757 Nave Street, Baltimore.
Massachusetts—John Perrins, M.D., 70 Huntington Avenue, Boston.
Michigan—C. H. Murphy, M.D., Lansing.
Minnesota—F. E. Hufnail, Minneapolis.
Missouri.—B. J. Wiesner, M.D., St. Louis.
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Nevada—J. T. Martin, M.D., Reno.
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Oklahoma—T. L. Sharp, M.D., Orlando.
Oregon—H. L. Henderson, M.D., Astoria.
Pennsylvania—W. S. Glenn, M.D., State College.
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South Dakota—W. E. Daniels, M.D., Madison.
Tennessee—J. P. Harvill, M.D., Nashville.
Texas—H. H. Blankmyer, M.D., Aransas Pass.
Utah—C. L. Olsen, M.D., Murray.
Vermont—P. L. Templeton, M.D., Montpelier.
Washington—J. W. Cosford, M.D., Spokane.
West Virginia—J. A. Monroe, M.D., Wheeling.
Wisconsin—J. B. Brewer, M.D., Jefferson.
Wyoming—T. A. Dean, M.D., Casper.

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Committee on Arrangements and Entertainment—H. A. Shafor, M.D., Detroit, Mich.: W. J. Couch, M.D., Detroit, Mich.; W. L. Hulse, M.D., Detroit, Mich.; L. M. C. Conley, M.D., Detroit, Mich.

Committee on Conference with the Homeopaths—W. N. Mundy, M.D., Forest, Ohio; W. P. Best, Indianapolis, Ind.; J. K. Scudder, Cincinnati, Ohio; H. H. Helbing, M.D., St. Louis, Mo.; H. A. Shafor, M.D., Detroit, Mich.; R. L. Thomas, M.D., Cincinnati, Ohio; F. L. Wilmeth, M.D., Lincoln, Nebraska.

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Pediatrics—Chairman, N. M. Glenn, M.D., State College, Pa.; vice-chairman, Geo. E. Dash, M.D., Cincinnati, Ohio; secretary, Mareva D. Brown, M.D., 139½ E. Main Street, DeKalb, Ill.

Obstetrics and Gynecology—Chairman, Jerome E. Holman, M.D., 3315 E. Tenth Street, Indianapolis, Ind.; vice-chairman, A. Liva, M.D., 328 Valley Brook, Lyndhurst, N. J.; secretary, O. C. Welbourn, M.D., Security Building, Los Angeles, Cal.

Orificial Surgery—Chairman, J. H. Hauck, M.D., 1206 Lafayette Avenue, Terre Haute, Ind.

APPLICATIONS FOR MEMBERSHIP.

Sept. 1, 1917, to Dec. 1, 1917.

Kentucky:
DuVall, W. N., Sebree.
McKinney, A. T., Elkton.

Nebraska:
Barkey, V. S., Havelock.
Caruthers, P. J., Lincoln.
Davis, Clyde, Lincoln.
Egbert, C. L., Hastings.
McGuire, E. T., Mead.
Morrow, C. W., Hendley.
Spealman, J. F., Lincoln.
Wilmeth, H. D., Lincoln.

Ohio:
Gregory, Wm. L., Berea.
Tharp, S. P., Cincinnati.

Oklahoma:
Langford, T. B., Beggs.

Pennsylvania:
Ritter, Ella N., Williamsport.

Tennessee:
Tucker, W. W., LaFayette.
Corbin, A. S., Tennessee City.

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FOREIGN BODY IN LARYNX SEVEN MONTHS.

H. H. HELBING, M.D., ST. LOUIS, MO.

Mary Sabados, Burbank, Mo., referred to me by Dr. Wagner, of Greenville, Mo., comes to me with the following history: Seven months ago, while chewing on a glove button and while laughing, sucked it down her trachea. She had a violent spell of coughing, but she could not dislodge it, and she seemingly got some relief, although she has had a constant cough since then. A few days ago, she had another violent paroyxsm of coughing and difficult breathing, at which time she forced out a piece of leather. Her father then took her to Dr. Wagner, which was the first time he had seen her, and the doctor advised the father to bring the child to the city.

Upon examination, I find the child, who is eight years old, to be well-nourished and seemingly not suffering greatly by difficult breathing. She tells me that she feels the button at times come up in the trachea when coughing, but it drops back. Upon auscultation, we find mucous rales about the junction of the right bronchus with the trachea. The radiograph, which we herewith present, reveals the button located at this point and clearly outlined. It is self-evident that a tracheotomy is necessary to remove the foreign body. A bronchoscope and special instruments have been used for removing foreign bodies from the trachea of late, but there being so few skilled specialists to do this work and the simplicity of tracheotomy leads me to believe that this method of removal is to be preferred.

We made our incision as low as possible, which was just above the suprasternal notch and removed the button with a small forceps that resembles a gallstone or sponge-holding forceps. No difficulty was encountered in grasping the button. There was still some leather in the clasped button and leather covering over the metal, but it was soft and easily crumbled on pressure. The patient made a smooth recovery, the wound healing by granulation.

SPINAL CURVATURE.

H. A. Shafor, M.D., Detroit, Mich.

In considering spinal curvature, we will recall the fact that the vertebral column of the fetus generally forms one single curvature, the convexity of which is directed backward. This position is retained more or less during the first few months of life while the child is in the recumbent position most of the time. The immediate changes which take place in the new born depends somewhat upon the bed upon which the child lies. A hard bed will slightly flatten the normal curvature, while a soft bed, such as a feather mattress, will increase it. At about the third or fourth month, an important change takes place, when the child begins to lift the head and turn it backwards. Following these movements, the cervical portion changes from the original posterior or kyphotic curvature to an opposite curvature; a lordosis with the convexity forward.

A second normal change in the curvature of the spine occurs at about the end of the first year, when the child begins to walk. At this time the muscles of the back, which have been but very little used, are brought into service. These muscles arise from the sacrum and are inserted along the lower portion of the dorsal region of the spine. The force thus exerted by muscular contraction upon the kyphotic curvature, gradually pushes it forward to a straight line, and still farther forward to a marked lordosis with convexity forward. As a result of these two important normal changes, the original total kyphotic column prevents an anterior lordotic curvature in the upper cervico-dorsal region, a posterior kyphosis in the dorsal region, and an anterior lordotic curvature in the lumbar region, thus producing the long "S" shaped spine of the erect adult. So much for the normal curvatures.

Deviations from this normal condition may be due to numerous causes. Lack of harmony and co-operation of the numerous muscles involved may produce unnatural curvatures; the position of the pelvis is also an important factor to normal posture. An inclined pelvis would cause the trunk to fall forward, were it not for the contracting of the lumbar region of the spine, producing a marked lordosis, thus bending the spine backward. Decreased inclination of the pelvis has the opposite effect. In this condition, the falling of the trunk backward is prevented by a marked posterior kyphotic curvature of the lumbar region, which in turn forces the upper portion of the spine forward.

Pathological kyphosis, involving the dorso-lumbar region, is usually due to a rachitic condition and is most commonly found in the second and third year. It has a tendency to become rigid. This condition is aggravated in children who are slow to walk, thus depriving them of the factor which has to do with overcoming the posterior curvature as mentioned above. *Excessive lordosis* of the spine is due very frequently to hip disease, such as contractions in one or both hips following coxitis; or to dislocations of the hip

FOREIGN BODY IN LARYNX.

in which the head of the femur rests posterior to the sockets. Also very frequently due to paralysis of the dorsal muscles. This condition has no tendency to rigidity.

Scoliosis or lateral curvature is a permanent lateral deviation of the spinal column, and is spoken of as right or left lateral, as the case may be, and is designated according to its localization, as *lumbar, dorsal* or *cervical.*

These changes in the spine also change the outline of the trunk. The side corresponding to the convexity, projects, while the opposite side recedes and the hip projects. There is also a certain amount of torsion, and rotation of the bodies of the vertebræ.

While rachitis and habit are usually the predisposing and exciting causes of scoliosis, some other factors enter into consideration, such as faulty handling of children during the first year; irregularity in length of limbs, as in dislocation of hip or knee. I have also seen scar-tissue following an extensive burn produce scoliosis. Habits, such as sleeping always upon one side with a large pillow under the head, is conducive to this deformtiy.

The treatment of the various lesions, of course, begins with relieving, if possible, the causative features. With these removed, naturally there is a tendency to a disappearance of the condition. So far as excessive lordosis is concerned, it will almost invariably respond to so-called stretcher treatment, which consists in confining the patient for a certain number of hours each day upon a hard bed or stretcher, with pressure and counter-pressure so arranged as to correct the deformity. This treatment is also accompanied by exercises, providing the patient is old enough to follow them out to such an extent as to naturally correct the deformity. In case of a child too small to take the exercises, it must be treated by massage and manipulation, which will in turn accomplish the same results.

So far as scoliosis is concerned, we realize in that the most serious condition of all, and it is only after thorough examination of the patient that we are able to offer very much encouragement so far as a permanent cure is concerned. Here, again, it is essential that the patient lives and eats properly and keeps the body in as good a physical condition as possible, paying especial attention to diet, which will in turn mean stronger muscles; also correct position when sitting and at work is essential. Exercises and playing games in the open air are indicated, especially those games which do not call into action any one particular set of muscles.

The prognosis in these cases depends largely upon the mobility of the spinal column. If it is found, upon having the patient bend the body laterally in the opposite direction to which the scoliosis presents, that the spinal column will be brought back to a normal straight line, we might possibly give a favorable prognosis. On the other hand, if there seems to be a certain amount of rigidity, and it is impossible to bring the spine back in a straight line, the prognosis is unfavorable.

In many of these cases it will be necessary to treat the patient with especially designed orthopedic tables and braces; those that will make extension and counter-extension upon the spine, and also those that will have

the tendency to return the spine and thorax to a somewhat natural position if rotation has taken place.

The other method is to have the patient induce extension by using horizontal bars, lifting the weight of the body from the shoulders a certain number of times each day, and any other postural treatment which will be to bring the body to a normal position. This is particularly applicable to cases of not very long standing.

Some cases are treated by plaster-cast method. The cast should be applied when the patient is in as nearly normal a position as it is possible to get him. The body should be wrapped in gauze and absorbent cotton and pressure and counter-pressure pads applied where they are needed. The plaster bandage is then applied by the roller-bandage method, and when thoroughly dry, is cut down the front and very carefully removed. The edges of the bandage and underlying gauze are covered by adhesive strips in order to keep them in a normal position. The cast, in these cases, can be worn for certain hours each day, as it is no longer considered practical to put a patient up in a cast and allow him to remain a number of days or weeks as was formerly done. When the cast is removed, the patient should follow out such exercises as may be indicated in the individual case, and this is one thing that I wish to particularly impress upon you—the importance of exercises in all of these conditions.

We have found in treating a number of these cases in a charitable institution in Detroit for crippled children, that a very great deal can be accomplished by proper diet and exercises, and we appreciate more every day the fact that a crippled child is not necessarily an invalid.

ADYNAMIC ILEUS.

F. M. Andrus, M.D., Lincoln, Neb.

Paralytic ileus, "dynamic ileus," "adynamic ileus," or "intestinal paresis," as it is invariably called, is an acute intestinal obstruction caused by paralysis of the muscular fibres of the intestinal coats. Among the various causes of this condition are the following: Hydrocele, contusion or inflammation of the testicles, etc., which may cause a reflex paresis; paracentesis of ascites; trauma over the abdomen; laparotomies; other operations; from the effect of the anesthetic; injuries to the spinal cord in the dorsal region; damage to the intestines, as from a hernia after relief of the strangulation; local or general peritonitis; renal or biliary colic, causing reflex obstruction; overdistension of the intestines from gas or feces; various toxemias, as from typhoid, or pneumonia, or from any acute infection; opium poisoning; ruptured tubal pregnancy; perforation of the stomach or intestines; sepsis, as from appendicitis; as a concomitant of shock, or uremia; "or it may appear without any apparent cause."

P. H. Kelsall, writing recently on paralytic ileus, says that it is entirely opposite to the spasmodic type of ileus, and is due to inhibition of the vagus,

the nerves of Auerbach's plexus, or the nervous pelvicus, or to stimulation of the sympathetic. Also, that paralytic ileus may result from pressure on the mesenteric glands, and that central lesions may act as causative factors.

Death is said to result from: (1) Loss of fluids; (2) pressure on heart and lungs; (3) toxemia from absorption of toxins.

Reed gives the symptoms of paralysis of the intestines as extreme meteorism, obstipation, eventually vomiting (often of fecal matter), pain, great restlessness, cardial palpitation, weakness, and, unless relief is afforded, collapse and death. He adds: "The diagnosis of intestinal paralysis can be made when extreme meteorism exists, in the absence of any discoverable cause of obstruction, or persists for many days in spite of the removal of the obstruction. Indeed, since obstruction of the bowel can finally lead to paralysis, this condition may be inferred when a high degree of meteorism persists long, because of the non-removal of the obstruction.

"The acute, cramp-like pains, *persistent and paroxysmal,* are absent in this type of obstruction (really not an obstruction at all), which always occur in the early stages of other types of obstruction. When acute spasmodic pain is *present and persistent,* I always feel positive of a true obstruction. The vomiting, constipation, collapse, etc., may be similar to obstructive ileus. There may be sudden pain with the acute distention, so that perforation is suspected, but after lavage and enteroclysis the pain disappears, and muscular rigidity is found to be absent. These features exclude: First, 'obstructive ileus,' on account of disappearance of the pain; second, 'peritonitis.' In the early stages of 'dynamic ileus,' distention interference with the cardio-respiratory functions, and obstinate constipation precede the vomiting and severe symptoms, as a rule. There is usually more of a sense of painful discomfort and oppression, except in the cases of sudden acute distention.

"In the terminal stages of true obstruction, paresis of the bowel may occur, and then *spasmodic pain disappears;* in paresis of the bowel from peritonitis there is generally pain and tenderness from the peritonitis, but not the acute spasmodic pain peculiar to true obstruction. In true dynamic ileus, therefore, there is the absence of that acute *persistent* spasmodic pain of severe type, which is present in all cases of true obstruction."

The same writer says that the medical treatment of dynamic ileus includes the following: (1) Abolition of food; (2) relief of thirst by moistening the mouth, sucking a piece of lemon or orange, and, if necessary, by hypodermoclysis, rectal saline enemata, or proctoclysis; (3) frequent lavage to relieve intra-abdominal tension and vomiting; (4) frequent enteroclysis (recurrent) with hot normal saline solution at 115 to 120° F., using several gallons, with a small part kept in the intestines; (5) electric enteroclysis; (6) specific tincture of belladonna, one to three drops (0.59), given every three hours up to physiologic symptoms; also give 1-30 grain (0.002) of strychnine every four hours; (7) magnesium sulphate (saturated solution) by rectum, four ounces (125.0). Heat applied locally is beneficial, although

in many cases the ice bag is useful to stimulate the bowels to contract; that is, unless collapse is present.

"Cathartics by mouth immediately after lavage, especially calomel, five grains (0.3), crushed up in water and poured in through the stomcah tube at the end of the washing. Plain water and no *saline solution* should be employed for lavage when *calomel is administered.* Physostigmin sulphate (eserin), 1-100 to 1-50 grain (0.0006-0.0001), every two to three hours for three doses. It should be arranged to give strychnine, 1-60 grain, with each dose. Some recommend elaterin. If all methods fail and the patient is rapidly losing ground, then simple enterostomy of the most distended loop, under cocaine, as suggested by Elsberg in obstructive ileus, I believe, is indicated. This procedure allows the escape of gas and some contraction of the intestines to take place. Magnesium sulphate solution should be injected through the opening, and the procedures already suggested should be continued. Drainage should be closed after twenty-four hours. In my own experience, I have had *good results* from continuous and active *medical treatment.* The lavage followed by catharsis by mouth is of *equal importance* as the *enteroclysis.* Proctoclysis is not sufficiently active."

A. J. Colton, in his recent paper on intestinal paresis, says that its treatment has been as varied as its causation, and that the first treatment should be the correction of faulty and vicious habits that tend to produce muscular exhaustion and distention, such as irregular feeding, improper foods, etc. Various forms of electricity (especially the faradic current) are recommended to be applied to the abdomen and lumbar portion of the spinal cord. He especially recommends the use of liquid pituitrin, administered intravenously, for treating paralysis of the intestines, adding: "In acute intestinal paresis, I believe we have in pituitrin a most valuable drug, and it will prove a life-saver in a great many of these conditions."

Kelsall thinks that operative intervention in cases of paralytic ileus is of doubtful value.

Persistent lavage will do more to save life than any other single effort.

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SURGERY OF THE BREAST.

O. C. Welbourn, A.M., M.D., Los Angeles, Cal.

This subject which the chairman of this section has assigned me, is a big subject. Much too big to be discussed within the time allowable for any one person to occupy. Therefore, I shall attempt to do no more than touch upon one phase of the matter. However, that phase should be of interest to all, for I have in mind the early treatment of tumors.

Tumors of the breast may be divided into benign and malignant, as the text-books say, but are they? Who can differentiate such tumors in the early stage while they are still in the possession of the patient? In the later stages, anyone can diagnose a cancer—even the patient herself—but, then, what is the use? It is comparable to crying "fire" after the house is in ashes.

Some tumors of the breast are benign and some are malignant. Again, some tumors are benign at an early stage and later become malignant. Whether benign or malignant, there is but one method of cure worthy of the name and that is surgical removal—complete extirpation of all pathological structures. Should the tumor prove to be benign, the patient has been relieved of a troublesome incubus, which would have been a potential source of danger because of the probabilities of its becoming malignant. Should the tumor prove to be malignant, the life of the patient has been saved. And I use the word saved in the scientific sense because the matter is susceptible of proof.

All cases of carcinoma of the mammary gland are curable during the early stages by surgical methods. In the last stages none is curable. And between these two extremes we get the percentages, the mortality depend-

ing upon the feasibility of a complete removal, and these in turn depending upon the stage of the disease in the particular case. I hope the day will come when all tumors of the breast will be removed as soon as discovered, and I believe that upon that same day carcinoma of the breast will no longer appear in official health reports as a cause of death.

SOME ORIFICIAL FACTS, HINTS AND SUGGESTIONS.

Benj. E. Dawson, M.D., Kansas City, Mo.

The potency of orificial surgery as a therapeutic agent is no longer a matter of speculation. It is not a cure-all, in and of itself, but an aid to any other therapeutic measure. It is based on anatomical and physiological facts and will abide. Its function is to relieve and avoid the impingement of sympathetic nerve terminals and thereby prevent and check disastrous reflexes. Most of these items have been gleaned from various sources and given for their utility and convenience.

Rectal dilatation will give prompt relief in many neuroses and other reflex disturbances. Care should be taken not to overdilate, or you may tear the posterior fibers of the sphincter muscle.

In chronic diseases, where ordinary treatment fails to relieve, search for sympathetic nerve waste. The central idea in orificial therapeutics is to secure unembarrassed sympathetic nerve terminals at the pelvic outlets.

Remember the rectum and uterus are twins from a pathological standpoint; where you find trouble in one, the other will also need attention.

All pathology begins with blood stasis. The irritation of an organ begins at its mouth; remember this in making out your diagnosis.

In case of insanity in a single woman, look for erosion of the cervix; you will find it in almost every case.

When your patient is cross and cranky, look for rectal trouble; if depressed and has the blues, look for catarrh of the colon.

Proper attention to the rectum will frequently clear up an old case of gleet that has long resisted medication. A leak in the boiler will slow the engine; so waste of sympathetic nerve force will interfere with proper visceral function.

A mistake frequently made by gynecological surgeons in repairing a lacerated cervix is a failure to remove *all* the scar tissue. To simply freshen the edges and co-apt them may produce a beautiful cosmetic effect, but is nil as a therapeutic procedure.

Irritation at one end of a tube is often reflexed to the other, as pin worms at the anus will make the lips pale and the nose itch. For this reason some stubborn rectal troubles may demand appendectomy as a means of cure.

As the tongue is an indication of the condition of the stomach, so is the inner surface of the lips of the meatus in the male an index to the condition of the prostate gland.

The blood stream is that which does all bodily repair, heals all diseases, removes all pathology, induces growth and sustains life. Every measure, therefore, that can improve the circulation and flush capillaries is of vast importance.

An appeal to the last inch of the rectum, by dilatation and heat, is the greatest resuscitant for any narcotic, shock or collapse. Also use for concussion of the spine of the seventh cervical vertebra.

Pratt's hot water plug is a most useful addition to the doctor's armamentarium. Its use gives heat as well as dilatation. Have the water 115 to 120° F. In pulmonary asthma, or when the patient is cyanotic, lungs filled with mucus and rattling in the throat, you will be astonished and gratified at this measure.

To diagnose a fistula where you can find no opening, insert the forefinger into the rectum, and, with thumb and finger, carefully palpate the perianal tissues. You can thus feel the pipe or tract of the fistula.

Where there is an external opening and you can not find the internal, apparently external blind, inject peroxide of hydrogen into the external opening, and through the open rectal speculum watch for the foaming into the gut.

In retroversion, where the rectum is impinged by the fundus of the uterus, it would be worse than useless to remove pockets, papillæ or hemorrhoids. The rectal work without relieving the impingement would invite and aggravate hemorrhoids.

Some cases of difficult or loud breathing may be promptly cured by correcting a retroflexed uterus, where it is pressing on the hypogastric plexus. If there is a tuberculous tendency, this condition, unless corrected, spells the doom of the patient. Orificial work, without replacing the uterus, would not relieve her; it would be putting fuel in the furnace while there is a large leak in the boiler.

Where a patient takes an anesthetic badly—fails to come under, stops breathing, has little vitality or tries to flunk—rectal dilatation will prove a marvelous aid. This is worth remembering.

When you dilate the rectum under an anesthetic, and it remains open for some time, you may be sure the patient has tuberculosis, or, at least is of strong tubercular tendency. If the patient has little vitality and rectal dilatation produces great effect on the respiration at its initiation, but meets with no response by repetition, look out! your patient is on the verge of death. Gently and cautiously do a little dilating, remove what nerve impingement you can, and wait a few days, when you can finish the work with impunity.

If you wish to avoid endless cystic irritation following colporrhaphy for cystocele, before suturing the vaginal flaps remember to peel these flaps up so they will slide over the muscular coat of the bladder for three-fourths of an inch. If this is not done, the stitches will be strained by a tight suture line, puckering the bladder wall and leaving cicatricial tissue, which will

prove to be a thorn in the flesh. This little point is the hinge upon which hangs success or failure.

Temporary aggravation of the trouble sought to be relieved may follow orificial work. This is not discouraging to the experienced orificialist. It is an indication that he has struck the keynote, and good results will soon follow.

Orificial surgery is very potent for good or evil; it is a double-edged tool and may cut both ways. Dangerous in the hands of an inexperienced or careless surgeon.

TUBERCULOSIS—ORGANIZATION.

J. P. Harvill, M.D., Nashville, Tenn.

Organization is one of the most valuable factors in relieving and preventing tuberculosis. There are just a few facts that if they were presented to the people, to the individual, throughout the United States, would go a long way toward the elimination of the disease. The fact that the disease kills 160,000 people in the United States every year, and the fact that one million people in the United States now have it—that the death rate among the colored people is four times that of the whites—if all these facts could be properly presented to all the people it would be wonderful what we could accomplish. The people do not know that we have such an appalling situation. Organization is the one means that will carry this to the people. We know of the anti-tuberculosis crusade in the United States by the National Association for the Study and Prevention of Tuberculosis, and what a wonderful work they have done. There is no doubt about that. Tuberculosis has been greatly decreased in the last few years. In organization we can point out to the people just what they need to do in regard to taking care of sputum, care in regard to sleeping quarters, etc. We ought to organize for the incurable. We ought to take care of the incurable just as well as the curable. They should be taught how to live and how to protect others. You can not do that without organization. I hope to see the day when America will be thoroughly organized and be able to combat the greatest enemy that the American people or any other has ever had.

STOMACH ULCER.

W. Van Nette, M.D., Clyde, Ohio.

I omit the cause of stomach ulcer. In stomach ulcer we have pain when the stomach is empty, about an hour before meals. It is tender on pressure and the pain extends to the back and under the scapulæ.

Treatment.—I combine silver nitrate, the principal caustic, with bismuth subnitrate and with copper arsenite, zinc sulphocarbolate and tannin as an astringent, as the silver is apt to physic, and usually add a digestive powder.

Gauge it so as to get from one-eighth to one-fourth grain of the silver nitrate to a dose.

Triturate well together. Of this fill the large end of No. 0 capsules, as the taste is too nasty to give in powder form. Have patient take one about one and one-fourth hour *before* each meal, as it takes about fifteen minutes for the capsule to dissolve. Then have patient knead the stomach to get the powder on the ulcerated surface, where it will adhere, where we want it, and it will not stick to the smooth, slippery, healthy mucous membrane of the stomach.

Be sure to have the patient knead the stomach, for if the medicine does not get on the ulcer it can do no good. This gives about one hour for the medicine to act.

It does no good to take the medicine when food is in the stomach, as the medicine can not get to the diseased surface. Also avoid all food containing anything that would scratch or irritate the raw surface, the sharp-pointed seeds of strawberries being the worst. Soft food, such as tapioca, eggs, rice, etc., being indicated. By this plan I have cleared up about one hundred cases on an average of about six to eight weeks.

When duodenal ulcer complicates, I give in addition a combination of calendula, Lloyd's white hydrastis, echinacea, an antiseptic like listerine, and some good digestive tonic. This is given about an hour before meals.

PNEUMONIA—PROPHYLAXIS.

W. N. Mundy, M.D., Forest, Ohio.

Prophylaxis, or the prevention of disease, is even of more interest and importance than the cure. It is of more importance from an economic, from a sociologic, or, in fact, from any viewpoint, than is the treatment or cure.

We believe the success, or rather the achievements of preventive medicine, has been of more importance to humanity than have any of the advances in any branch of medicine or surgery.

The cleaning of the Panama Zone, thereby rendering the possibility of the building of the canal; the practical elimination of yellow fever from our country; the study of the cause and prevention of hookworm, are only a few instances of the most pronounced success in the past generation. To this can be added the study into the causes and methods for preventing outbreaks of typhoid and kindred diseases, and it appears to me that medicine in the writer's time has certainly accomplished much for humanity. It is said that physicians are the most altruistic of all professions, and we believe it, because the profession is constantly endeavoring to uplift mankind in a physical, socialistic and economic standpoint, and all to the curtailing of his chosen profession. This is and should be the ideal of medicine. The subject assigned me, however, was pneumonia—prophylactic treatment.

Personally, I know but little about the prophylactic treatment of pneu-

monia, save only to prevent its occurrence as a complication of some of the acute infectious diseases. This applies especially to measles and whooping cough. We are all aware of the fact that the premonitory symptoms of measles are catarrhal in nature; that there is always an accompanying bronchitis, varying in severity. Owing to this condition, "a catarrhal inflammation of the bronchial tubes," it is but a short step to the bronchioles and a resulting broncho-pneumonia, or even a lobar pneumonia, which is, however, more rare.

The proper care of these little ones during the stage of eruption and immediately following, goes a long way toward the prevention of pneumonia. Here is an opportunity for the profession to inaugurate a campaign of education, just as it did a few years ago in "Infant Feeding." The result of that campaign was a markedly decreased death rate from gastro-intestinal diseases during the first two years of life. An energetic campaign to disabuse the mind of the laity of the fallacy that whooping cough and measles are self-limited diseases, that they are a necessary evil that must be endured and can not be relieved by medicine, will go a long way to lessen the mortality from these diseases and thus prove a prophylactic to pneumonia. A recent epidemic of measles in our section revealed a mortality of nearly 2 per cent. An inquiry into the cause for such a mortality elicited the fact that a very large number of cases were not reported, nor even seen by a physician until broncho-pneumonia had developed. No wonder the mortality was high. Education showing the fallacy and dangers arising from this neglect would certainly tend toward lessening materially the dangers arising from the complications involving the respiratory tract in these two diseases.

The vast importance of the institution of preventive measures can be realized when it is recalled that the death rates from whooping cough, measles and scarlet fever in 1915 were 8.1, 5.4 and 3.6, respectively. Holt claims that the mortality from whooping cough in children under six months of age is fully 25 per cent. Yet we are often told it is self-limited and can not be shortened or relieved and no quarantine measures are instituted. Personally, I am strongly opposed to all such fallacies. I know it can frequently be relieved, and I know the laity ought to be educated as to its fatality. Educate the public and a long step toward prophylaxis has been taken.

The care bestowed upon those suffering from the disease named not only looks toward the prevention of pneumonia, but all complications as well.

Improper and unseasonable clothing resulting in unnecessary exposures of the body to inclement weather is a preventable cause. I readily recall a delicate girl, subject to yearly attacks of pleurisy or pneumonia, who was persuaded to wear shoes with good, thick soles, or what is styled a mannish shoe, with the desired result. I have always thought that if the feet were kept warm and dry, the head might go bare. The shoes now worn are no protection from cold and dampness. It is easy to recall another case of a little girl subject to asthma, in which the mother was, after much persuasion,

instead of half hose, outdoor sleeping, the substitution of a wholesome diet rather than chocolates, dopes, etc. Result—a gain in weight, an active, vigorous child, no asthma.

Even in the summer season in the climate in which I live, an outer wrap should always be carried in the evenings, and it is not a bad plan even in the daytime. The gauzy light clothing now worn, exposing the chest, shoulders and arms are not sufficient to protect the body from sudden changes in the atmosphere and a consequent chilling.

Purposely I have avoided saying anything about the use of serums or vaccines. There is no basis as yet for advocating their usefulness in this connection. To sum up: Prophylaxis of pneumonia consists in the proper care and management of the infectious diseases, both hygienically and medicinal; in the proper care of our persons as regards dress and ventilation and habits, the latter pertaining to our sleeping and living rooms; the substitution of common sense in clothing, rather than the dictates of fashion.

DISCUSSION.

Dr. R. L. Thomas, Cincinnati, Ohio: This subject is one of great importance from the fact that the mortality from pneumonia is increasing. If you will take the mortality statistics of the last few years, you will see it has increased from 4.4 per cent. to 19.95 per cent. per ten thousand. Here is a disease that a few years ago the mortality was 4 per cent.; today it is 20 per cent. In Chicago, I noticed some statistics—how correct they are I do not know—but the statement was made that the mortality was greater in pneumonia than in all other infectious diseases combined—43 per cent. more—and the deaths were one-third more from pneumonia than from tuberculosis. Now, of course, statistics are not always reliable, but we do know that pneumonia is increasing in frequency and in mortality.

Now, there are certain reasons for this, I presume. I think the two principal reasons for the increase of mortality are environment and habits of the people, and the medication. I assume that we are talking about lobar pneumonia. Dr. Mundy said the care of infectious diseases, but I would go a little farther and say in the prevention of pneumonia, and that all such things as a cold, or catarrhal conditions of the throat, should be carefully looked over. It is true these milder diseases do not run into pneumonia. Colds do not run into pneumonia any more than malaria runs into typhoid fever; but they do lessen the resisting power of the respiratory apparatus and they do prepare a soil that is favorable for the developmnt of pneumonia. For that reason it is a matter of education. Educate your patients up to the point where they will not think that a cold is a minor affair. The same thing applies to the infectious diseases mentioned by Dr. Mundy. We must have education along the line of children, for it is in the children and the old where the greatest mortality is. See that the children are dressed properly. Most mothers over-clothe their children; they are afraid of fresh air, so the children take cold easily. So it is largely a matter of education.

I think one of the greatest prophylactic measures is the prohibition of alcoholic drinks in this country. We find the mortality is the highest in cities, in hospitals, and the hospitals get the drunks. Environment is also a matter of education. That will come in the future when we house our people better. I do not know of any particular measure in the way of remedies

that can be used, but certainly environment has a great deal to do with it, and drink has a great deal to do with it. The American people drank one billion dollars worth last year. When they get pneumonia they are apt to die. We have also erroneous medication, but that is not prophylaxis.

Dr. F. L. Wilmeth, Lincoln, Neb.: Dr. Mundy mentioned the education of the people to the effect that the eruptive diseases are not dangerous, and pointed out the fact of the invasion of pneumonia by this means—that you should bring some pressure on your public health officials—but we find in our place that the people are taught that all the children require under these circumstances is fresh air and cleanliness, and some precautions which the mother very readily is able to believe she can supply herself. They are left without the advice of a physician, though unable to take proper care of themselves, until such time as Dr. Mundy mentions, when the invasion of the bronchials has already taken place. So the drift of education, it seems, is toward the advice given to the public by the health officers, and in this respect it has seemed that for some years they have been very lax or very much mistaken.

Dr. Ivadell Rogers, Lawrence, Tenn.: I would particularly like to emphasize keeping the feet dry. I heard a woman ask a doctor whether women should wear chest protectors, and he replied, "Oh, yes; wear them on your ankles." I think there is a great deal more pneumonia in this state than in the North. Whatever the cause, we find a great deal in this state of both pneumonia and tuberculosis, and I certainly appreciate the papers and discussion along this line.

Dr. R. J. Lambert: The death rate in Chicago is increasing and it is all due to pneumonia. About one-third more deaths from pneumonia than tuberculosis, and yet all the work is being done for tuberculosis and not for pneumonia. The fact that Dr. Wilmeth brought out in regard to the advising of the patients by the health officers is well taken. The health department sends out a little circular when they come across an eruptive disease. They tack up a sign on the house and give the patient one of these circulars, which he is supposed to read. They are never cautioned about complications that might arise from infectious diseases; no advice is given in regard to employing a physician. I feel that pressure should be brought to bear upon health officers so that they will mention the necessity of the advice and care of a physician. I think some warning should be given to people about complications.

Education is very essential in regard to pneumonia because it is on the increase. I think it is only a question of time until it will be necessary to follow out the educational ideas mentioned by Dr. Mundy. I would like to ask Dr. Thomas or Dr. Mundy if there is not something in our vegetable materia medica which would shorten the beginning of pneumonia.

Dr. W. N. Mundy: It is easy to tell why the laity do not report cases of measles to the health board. The board of health will attract attention to itself by many squibs in the paper that are impracticable and theoretical; but when a family of wage-earners are put under quarantine it is as bad as getting out of prison to get that quarantine lifted, and I would just as leave be put in jail—I believe rather—so far as the promises of the health board are concerned. It is that dread of quarantine that prompts so many families to do what they can themselves and fail to report to the board of health.

Another thing, a large number of these cases—a majority in an epidemic—will occur in the congested districts where hygienic conditions are the worst. If the city would use its influence, or some of its spare cash, for

contagious hospitals where these children could be taken out of unhealthy surroundings, a great part of the complications would cease. It is simply a matter of the local authorities doing their duty in a proper, prompt and energetic way. I think that answers Dr. Wilmeth in regard to the fact that these people do not report.

Dr. R. L. Thomas: I do not know of any remedy that is a prophylactic of pneumonia. We have, as every physician knows, remedies that will modify pneumonia, and I believe that is the reason why the mortality is less among the Eclectics. Their cases do not get so bad; that is, as a rule. Everybody has bad cases and everybody loses some cases. I would not say that if you practice Eclecticism you would not have pneumonia. I heard a man say he had practiced medicine fifty years and had not lost a case of pneumonia. I am afraid he had forgotten some. But I believe that with the specific use of remedies, meeting the conditions as they arise, controlling the excessive heart power and excessive circulation in the early stage, you will not have so much of a deposit in the second stage, and in that way you might say our remedies are not prophylactic; but they do modify the disease and give us less fatalities and less serious cases than the others.

ILLUSTRATING SOME CASES.

J. H. Hauck, M.D., Terre Haute, Ind.

The secretary has made me impose upon you this infliction when he required me to present before you this paper, "Illustrating Some Cases," from the viewpoint of "waste and repair." I will hold true to the title of the paper and illustrate a few cases, leaving out unnecessary features and conditions, and merely cite the cases as they were found, the conditions encountered and the treatment that was used.

Case 1: Wm. G., male, aged 24; single, tall, brunette, intelligent; school teacher; no specific history. At age of sixteen developed a case of "nerves." Has been more or less nervous ever since. Can sleep only two or three hours at night; wakes up and can not go back to sleep; therefore tired in the morning and does not feel rested. Has been the rounds of many physicians and religiously took everything advised. In my examination of this case I found only one thing abnormal, that was a long, tight, adherent foreskin. I circumcised him and gave him no medicine whatever. The "nerves" righted themselves, he began to sleep better, and has become practically a normal man. He said I was the only physician that recommended this kind of treatment and was very much pleased at the outcome.

Case 2: Mildred T., female, aged 6. Attended school; has been nervous all her life. Was cross, high tempered, never satisfied. Restless in her sleep and would wake up with a startling cry. Had recommended circumcision two years previous, as she had a "hooded clitoris"—but it was refused. The little girl fell down while at play at school and broke her arm. Had to anesthetize her to set the broken member, and while she was asleep did a circumcision, loosing first the hood from the gland or organ, and then shortened the hood, as it was too long, and put in three stitches. This was dressed with vaseline daily, keeping parts from re-adhering. The little patient rap-

idly got well of the broken arm and equally as rapidly got well of the bad and irritable disposition. She changed about entirely and became a loving, laughing, amiable child. Her parents were very agreeably surprised at the change and are glad it was done and everybody concerned made happy.

Case 3: May S., female, aged 39, single. Menstruation regular but very painful for two days previous to starting of flow, which pain eased down after first day. Was very weak and nervous; stayed at home and could not work but little, as she could not stand it. Worked around the house an hour or two and then had to lie down. It took me a long while before I was allowed to make an examination, as she would listen to nothing but a little medicine, which did her no good. I found an adhered hood of clitoris, urethral caruncle, tight vagina and tight os uteri. I loosened up the hood of clitoris, snipped off the caruncle, dilated urethra, vagina, os uteri and rectum. One thing I forgot to mention in this case, and that was that she was a masturbator. She stated she started it accidentally while leaning over her dresser. One of the dresser drawers contained a key, and on leaning over the key it "just fit." She enjoyed the pleasure she got from the frequent use of the key and kept it up. After the above treatment was given and incidentally a very pointed talk on her habit, this patient cleaned up nicely. Her menses became normal as regard to pain. Her disposition improved, also her unhappiness. Her strength came back gradually, but it was a hard fight on her part to give up this filthy habit; but she finally won, and is today a fine, healthy woman, capable of attending to all necessary household duties and social functions. No need to say that she was pleased with the outcome.

These three cases only illustrate what can be done with these nervous men and women where they will give you a chance to make a thorough examination and institute the proper and necessary treatment to relieve these nerve leaks and nerve impingements. We as physicians should not hesitate to make thorough examination of the cases coming to us; in fact, we owe it to ourselves as well as to the patient to discover the cause of their trouble, and, after we have become reasonably certain that we have found it, to institute the necessary and proper treatment for its relief. Above all, we should gain the confidence of our patients, for by so doing only can we expect to give satisfactory service to them. All patients you help will greatly appreciate it, and will tell their friends and neighbors, which all very materially helps in the practice of the healing art for human ills.

TREATMENT BY THERAPEUTIC MEASURES—SANITARIUM AND SPECIAL TREATMENT.

Z. L. Baldwin, M.D., Kalamazoo, Mich.

When we consider that in the subject of tuberculosis we are dealing with a disease that carries out from this country one out of every nine or ten between the ages of fifteen and thirty-five years, we are justified in giving it

a large place on our program. The remarks I shall make today regarding sanitarium treatment or special treatment will be given with the idea that you may profit by our experience. In the general practice of medicine we found that we were unsuccessful in the treatment of tuberculosis cases, even with early diagnosis. Why? Because in these cases it was difficult to control our patients. We had to contend with neurosis—for every case of tuberculosis is neurotic—we had to deal with the mental condition as much as the physical. Their habits of life are such that they are starved, and it takes a long time to overcome that. In a series of two thousand cases we have found that practically every one was about 45 per cent. short of fluids, and 55 per cent. short of fats. The relation between the fats and carbohydrates in tuberculosis is marked and should be noted. The fats or carbons play a much more important part in the food of these cases than the carbohydrates, which evidently stimulate toxic processes in the intestinal canal. Therefore it becomes very necessary to look after the fats and fluids of these cases. In their homes they have not paid any attention to this. There is not much stimulus to change habits of life, and they go on until nature carries them away, because they have not the mental ability to take these simple remedial agents into consideration.

It is very interesting to note the relation between the oxygen in the water and the oxygen as given to us in the air. Evidently there is a close relation. When we consider the oxygen in the air we understand why the majority of sanitariums throughout the country and the majority of private practitioners urge patients to take more fresh air than they are getting. It is just as necessary to take oxygen in the form of fluids as oxygen in the form of air. They should be encouraged to take this. The physiological amount of fluid every twenty-four hours is one quart to every fifty pounds of weight. The only way to do is to get these patients where you can control the amount of fluid they take. They will take a little sip of water with medicine and let it go at that. They should take a full glass of water. It does not make any difference whether the fluid comes in the form of water or in the form of soup or milk, so they get the amount of fluid in twenty-four hours. When it comes to the fat-producing bodies, we have to select from the fats meats, milk, butter and cream; and from the cereals, corn, oats, beans and peas—those which contain from three to seven per cent. of fat. The fat should be taken into the body about an ounce for every fifty pounds of weight. If you can do that you are supplying the system with its normal fats and fluids. It takes a long time for the patient to learn to take these fats. Let me emphasize the fact that in supplying the system with fats it should necessarily be accompanied by a copious amount of fluids at that time, which more or less emulsifies these fats. Just try this yourself and note the results.

Then comes exercise. In some sanitariums today the patients are required to take a large amount of rest. You gentlemen with good digestions today, lie down for a few days and see what will happen in a few weeks. If you are not grumpy at the end of a week or so, it will be because you have

not done as you tried to do in taking foods. These patients should have enough exercise to produce normal elimination. That exercise should not be taken when the temperature is at 100 or 101, but a moderate amount of exercise can be taken as long as it is not vigorous enough to increase the temperature. In nearly any case the blood pressure runs from 90 to 110. That means that if you do take exercise you are not putting pressure on the lung tissue to produce any harm. I believe it is right to take graduated exercise, but of course these patients should not exercise violently.

In regard to special treatment for these cases, too many intelligent physicians when they find in their office a case of rheumatism will prescribe proper food and care, but when they get a case of tuberculosis, what do they do? They rest on their oars; they let the patient lie there and pay no attention to complications until the poor patient slowly passes on.

These cases need practically three things: First, you want oxizidation of the blood, for that is a wonderful weapon in the combating of this disease. Then you want something that will remove the ferments—the poison ferments. They are in the blood, so why not go directly there and get at what you want? You can. If the theory of germ diseases is true, then why not find something that will eliminate that germ by destroying the germ without destroying the healthy tissue? It can be done. In combining a preparation for direct oxidation effect, the antitoxin effect and the bacterial effect, where will you put it? Everyone knows that the stomach is a poor place to put anything from which you want to get direct results. You have been talking specific medication for years and years; why not make it direct medication? Why not put it into the blood itself? There is no more comparison between the intravenous medication and stomach medication than between air outside and in. You can get results with intravenous medication. You do not see these cases very often and they are not diagnosed correctly very often. Diagnosis is postponed often until the third stage before it is made. When they come to us, the thing to do is to take time for thorough diagnosis. Then you will find nearly every case has complications of some kind. What are you going to do if you have a case of stomach trouble and there are rectal complications? You go after the rectum and clean it up. Why? Because it helps relieve the nerve irritation. Why not do that with tuberculosis? Four-fifths of the cases have rectal disease of some kind that should be remedied in some way, surgical or otherwise. These cases have to be looked after carefully week after week until the conditions are improved. Most cases have more or less intestinal malnutrition. If you will examine your cases carefully, you will find in 75 per cent. of cases pale mucous membrane, relaxed mucous membrane. That means a good foci for poisonous toxins. How can you relieve it? Put your preparation in direct by the Murphy drop method, if you please, or by something that will keep the lower bowel thoroughly cleansed and stimulated.

Then the eye centers. When there is eyestrain, in these cases you have to remember that the great power house of the body is the brain, and two-

thirds of the brain area is used to supply the eye centers. When there is eyestrain, energy which should go to other nerves goes to the eye centers. If you rest the visual centers and correct your muscular disproportion, you will have a capillary circulation that you can not get any other way.

Other things have to be considered. You have to watch these cases carefully; you have to go over them every day, telling them what to do. They do not realize that every single chronic disease is more or less a sick brain; a sick brain goes with a sick body. The physician who attempts to take care of a chronic disease without going into the mentality of the case makes a mistake. These patients need hopefulness, they need cheery words, encouraging words, and they need many things that can not be given them in their home; they need an environment that you must get somewhere else.

Dr. J. Scudder Hull has been connected with me in some of this work, and I will ask Dr. Hull to tell you something of this particular treatment.

Dr. J. Scudder Hull, Hicksville, Ohio: Dr. Baldwin has thoroughly covered this method of treatment, and it would perhaps be of more interest if I tell you about some cases which we have treated in the last two years, following the suggestions laid down by Dr. Baldwin.

A young man, about thirty-six, who had had tuberculosis for twelve years; diagnosed by a number of physicians. He had had tuberculosis of the hip primarily. After a number of operations and various forms of treatment, the lesion of the hip finally healed. He went along fairly well until the fall of 1913, when he had a sudden metastasis to the lung, evidenced by a hemorrhage while cranking his automobile. He came to me and I put him to bed and gave him medical treatment, and finally sent him to Texas, where he remained for a year. He came back and had a recurrence and developed pneumonia. His condition was very unsatisfactory; respiration about 40 to the minute; pulse about 120. Looked as if he was going to die. I became desperate and wanted to give him an intravenous injection of guaiacol and salicylic acid, but I was afraid to give it because of the condition of the lung, for there was no resonance at all. Finally, I gave him one intravenous injection on Sunday afternoon. In an hour he had a violent chill, perspiration was diffuse, he perspired all night, but his temperature dropped to normal. The lung cleared up in one week and he made an uneventful recovery. He has been working for two years now.

Another young man, about eighteen years of age, came to me last fall with a history of tuberculosis following pneumonia, which he had had last spring. He had been treated by a number of physicians with the rest cure. The case seemed hopeless. Temperature, 102 to 104° F. We began intravenous treatment with guaiacol and salicylic acid and followed the lines suggested by Dr. Baldwin. He began to improve a little, and now, after about six months' treatment, the lesion is practically healed.

Now, these to me are wonderful results. I do not think anything compares with the results we are getting from this treatment in the sanitarium where the treatment can be supervised and where the necessary treatment can be given to relieve eyestrain, rectal difficulties or intestinal intoxication.

They ought to go hand in hand. Treat each individual case as a separate case. Exercise we regard a necessity. Putting them to bed with forced feeding does give them viability.

We have with us a young man from Chicago, who is in the second stage. He has been in Florida the past winter and came to us two weeks ago. He had had his first intravenous. He is anemic, listless, and has involvement of both lungs. The complication in his case is a marked exophthalmos. Pulse, 120; respiration, 35; hemoglobin, low; typical marked anemia. We gave him his first intravenous two weeks ago and put glasses on him to relieve his eyestrain. He has picked up and his right lung seems to be improving.

We have another case of a young lady, twenty-two years old, in an advanced stage of activity. I do not know whether we will get results in her case, but I think so. We will certainly get an arrest. We do not promise these cases anything. It is a bad idea to tell tuberculosis patients that you are going to cure them. Do not hold out any undue hope of recovery. Tell them they are in a desperate condition and that they must co-operate to help you. You must have co-operation of family, patient and physician. Give them the idea that if they make a fight for recovery you will get results.

DISCUSSION.

Dr. T. D. Hollingsworth, Akron, Ohio: I would like to ask Dr. Baldwin if he has to have a man in the sanitarium. Can you treat him at his home?

Dr. J. B. Matthew, Springfield, Ill.: Does the doctor treat these people in a tent or put them in the house? How do you dress them? What do you feed them?

Dr. J. Scudder Hull: Up to two weeks ago we were doing this in general practice. Now we have a small sanitarium started, but before this we were treating these patients in their homes.

Dr. R. N. Howard: It is not always necessary to put them in tents; the houses are so open that the wind blows under the eaves. The clothing does not make any difference. We advise ocean baths, and I think that is a great benefit. We have them use some milk and eggs.

PNEUMONIA—TREATMENT BY INTERNAL MEDICATION.

Ivadell Rogers, M.D., Lawrenceburg, Tenn.

Never has the need of careful treatment, especially the internal medication, so impressed itself upon me as since I have taken up my work in the Southland. Pneumonia is more rapidly fatal here than in the North, hence what you do, do quickly and do the right thing.

The writers of that professional faith where adherents outnumber us many times, say "Pneumonia is a self-limited disease and runs its course uninfluenced in any way by medicine" (Osler). Lucky, indeed, would it be for the patient of the doctor of that faith, if their attending physician followed implicitly this instruction. When you do not know what to do,

do not do. Good advice this. But when through the practical and careful training of your medical instructors you do know what to do, let us consider internal medication.

First, the sedative *veratrum.* Almost in every instance if the patient be an adult—in every case where the pulse is full and bounding. *Aconite,* more often a child's remedy, in every case where the pulse is small and rapid. *Bryonia* where the pulse is hard, but I put more stress on the sharp, lancinating pain in the chest. Always the patient has that sharp, knife-like pain in the chest—bryonia always. *Ipecac,* always good when there is irritation of the mucous surfaces, especially if the white-coated tongue accompanies the symptoms. *Asclepias,* that sharp, lancinating pain; Professor Thomas rightly says "it takes the edge off the sharpness of the pain." Especially is asclepias indicated if the skin is hot and dry, as asclepias acts on the sudoriparous glands and is especially a child's remedy, but acts well with any patient when indicated. *Lobelia* should have been mentioned before asclepias by right of superiority. There is scarcely a pneumonia patient but the symptoms call for lobelia if there is marked oppression of the chest. A great weight on the chest, difficult breathing, adult or child, the respiratory passages seem to be full of mucus and the patient unable to remove the same, give lobelia.

These are *the* pneumonia remedies. Now, there are many other remedies when indicated. Helpers:

Gelsemium, especially in the child, if the blood is crowding to the brain, face flushed, eyes bright, pulse small and rapid. *Rhus,* the pulse stroke small, sharp, the strawberry tongue, the restless sleep. *Belladonna,* the pupil is large, the patient dull, inclined to sleep. *Sulphite of soda,* often indicated in pneumonia; that dirty, thick-coated tongue. *Baptisia,* the face is full and purple, the tongue and lips the same color. *Podophyllum,* sometimes needed when the veins are full, tongue full and thick; give in guarded doses. I say guarded in this because we always look well after the welfare of the patient's stomach.

Feed your patient. This is part of your treatment, for when your patient's fever subsides he needs strength. For the drop in the temperature I used to administer brandy, but I find under compulsion I get along equally well without that remedy.

Sanguinaria is a remedy sometimes needed in treating pneumonia, particularly indicated when the throat is involved; a tickling, irritable, troublesome cough. When the patient is convalescing, ordinarily he needs little medicine. Perhaps some bitter tonic—nux, hydrastis or the *hypophosphites.* Sometimes one of the acids—*hydrochloric* or *sulphuric.* Perhaps a little *quinia,* if the disease has taken on a malarial tendency.

Although not a part of my paper, I wish to add I always reinforce my internal medication with local applications, judiciously applied.

DISCUSSION.

Dr. William P. Best, Indianapolis, Ind.: I would like to ask one question in the subject under discussion, which has been so nicely handled

by the doctor in her paper. She spoke about the strawberry tongue as an indication for the use of rhus tox. I would like to ask if the strawberry tongue in scarlatina is an indication for the use of rhus tox? I would like to have somebody consider that.

Dr. R. J. Lambert: The doctor spoke of the full, bounding pulse, and then immediately after spoke of children and giving them aconite. Personally, my use of veratrum in pneumonia is only in the case of adults. The aconite is for the full, wiry pulse. I always give belladonna for congestion.

Dr. R. L. Thomas: I believe one reason why the Eclectic mortality is less in this treatment is that they do not get panicky when they get pneumonia. It is supposed to be fatal and the regulars begin to give stimulants, whip up the tired heart, and the patient dies. The main thing is to keep quiet and tell the family he will get well—and he probably will.

Dr. Ivadell Rogers: Dr. Best asked about the use of rhus tox. I do use it and have had very satisfactory results. I use veratrum only where there is a full, bounding pulse. I watch the case, and when the pulse changes I change to aconite. I have been using, as a local application, antiphlogistine. I have no objection to libradol, but I use more of the other.

BLOOD PRESSURE.

C. E. Laws, M.D., Ft. Smith, Ark.

In this day when the practice of medicine is moving forward by leaps and bounds, and new instruments and new methods are attracting the laity as well as the profession, it behooves every physician to at least investigate and be able to discuss intelligently the many short-cuts proposed in medicine and surgery.

A neighbor physician may know little about the practice of medicine, but exploits that little and sets his patients talking about what he knows and does, and he is given credit for being an up-to-date man, while the doctor who does not stop to learn about these new things is very soon failing to command the respect and patronage of perfectly honest people who are endeavoring to secure the best.

That we may study one of the most important of these more recently accepted helps is my reason for choosing to write in an elementary way upon the subject of "Blood Pressure."

The sphygmomanometer has come to stay. The word, from the Greek, means pulse measure, exactly what it is. Insurance companies are demanding the use of these instruments and are largely responsible for their introduction and fairly general use, and not without cause, for the actual knowledge of the blood pressure tells a story all its own.

An eminent authority has said that if he were allowed only two means of diagnosis he would take first, the stethoscope, and second, the sphymomanometer. Two years ago I was asked for the blood pressure of an applicant for life insurance and found it to be over 200. That man, though in apparently good health, was rejected and is now dead. I also examined a man recently, who had been twice turned down because albumin had been

found in his urine. He was healthy, and I wrote a personal letter to the company, giving his blood pressure. He was accepted. If so small a test influences an opinion as to longevity of life, we may well judge that the sphygmomanometer has a very useful fieeld in medicine.

There are many instruments, but chiefly of two kinds: The mercury column in a U-tube, and a smaller round instrument with a dial and hand, like a compass. Both instruments have a pneumatic rubber pad to be fastened tightly around the arm above the elbow. This is connected with a bellows pump and also to the column of mercury in the U-tube. By pumping air into the pneumatic pad the arm is compressed, shutting off the circulation of the arm and raising the column of mercury, whose height is recorded on a graduated scale on the sphygmomanometer, resembling a weather thermometer. By operating a needle valve in the bellows, allowing a little air to escape, the mercury falls very slowly and the pressure upon the arm being relieved allows the pulse to again become perceptible.

The finger upon the pulse detects the first rhythm of the returning circulation, while the eye at this instant reads the heighth of the mercury. This reading is the *systolic pressure.* If the mercury should be allowed to continue to fall slowly by operating the needle valve, the pulse becomes full and strong and the mercury is seen to pulsate with every heart beat. A reading taken at the instant the pulse reaches its fullest volume and the mercury is making its greatest excursions up and down in the tube that reading will be the *diastolic pressure.* By subtracting the diastolic from the systolic pressure we get what is known as the *pulse pressure.*

More accuracy is obtained by placing a stethoscope upon the brachial artery in the bend of the elbow. The first rush of the smallest bit of blood past the constricting pad is easily audible. A reading of the scale shows the systolic pressure. If the air is released further, the sound of the greater volume of blood rushing by will become louder for a while, and then, as the full volume passes without constriction, the sound becomes less and finally disappears entirely. At this moment the reading will show the diastolic pressure. One can easily remember that the first sound of the passing blood is the systolic pressure and the last sound heard is the diastolic pressure. The systolic pressure is usually spoken of as *blood pressure.*

The use of the dial instrument is the same except the hand moves around and the pressure is recorded on the dial instead of there being a mercury tube.

In ascertaining the different pressures, many things influence the readings even in perfectly normal people, and a careful study of this subject in a text will have to be made in order to properly judge a reading. Age, sex, physical condition, position of the body, the use of alcohol, and many other things have their influence.

A systolic pressure of 130 in a male adult at the age of thirty, and a diastolic pressure of 85, would be considered normal, and yet the stethoscopic method of determining would make the systolic reading probably 135

and the diastolic 75, for the reason that it is easier to hear the pulse than to feel it.

As to age, a good way of remembering is to take a male adult at twenty, whose normal blood pressure (systolic) is about 120. Then for every two years in age add one of blood pressure. Thus, a man at thirty would have a pressure of 125, and at sixty it would be 140.

An abnormal blood pressure, of course, is only a symptom and not a disease in itself. A high blood pressure is usually found in arteriosclerosis, angina pectoris, in acute nephritis, especially in children, as post-scarlatinal. In chronic nephritis the pressure has been known to reach 300 mm. Uremia, endo- and myocarditis are always accompanied by high blood pressure. In aortic regurgitation the heart must develop power enough to deliver a volume of blood sufficient to compensate for the regurgitated, thus increasing the systolic pressure.

A class of diseases which always show a slight rise but not so pronounced as in those above are: Asthma, chronic bronchitis, neuralgia, obesity, rheumatism, goiter, infectious diseases, such as typhoid and pneumonia. A systolic pressure of 150 or above is a danger signal, and should be investigated and the cause treated.

Some of the conditions showing a low blood pressure are: Diabetes, cardiac dilatation, shock, or collapse, hemorrhage, jaundice, pulmonary tuberculosis, anemia and diarrhea.

Pressures have been known to fall as low as 40 mm. and recover. The administration of chloroform causes gradual deduction in the pressure, while ether gives a moderate rise during its use.

Treatment I will merely outline. The underlying cause is to be sought after. The blood pressure being only a symptom, will be influenced by the changes in the producing disease. However, a sudden lowering may be successfully overcome with drugs, such as adrenalin, digitalis, strychnine, etc. Or, when due to hemorrhage, the Murphy drop. Likewise, a sudden hypertension may be lowered, preventing an apoplectic stroke, by the use of vaso-dilators, sweats, venesection, etc.

PITUITRIN: ITS USE AND ABUSE.

Carll S. Mundy, Toledo, Ohio.

My experience has been confined almost exclusively to hospital practice, and my series of cases amounts to between five and six hundred. During that time I endeavored to work out the indications for pituitrin as accurately as possible, and, with the permission of the obstetrician, this was done while I was house physician in the maternity hospital. Pituitrin can be used in the first and second stage of labor, though in different sized doses. In the first stage, I found its use is very beneficial, provided it is used in very small doses, varying from two to five minims. In the second stage, the dose is larger, varying from one-half to one c.c., repeated in from twenty

minutes to a half hour. Its use is confined to those cases where the pains are lacking, or are more or less irregular, and where they do not seem to do any good, where they do not increase the dilatation and where the child's head is not brought down far enough. I have heard some say that its use would tend to increase postpartum hemorrhage. Out of five hundred cases I have had but one postpartum hemorrhage, and that was in a woman who had had six children previous to this one and who had a history of having had postpartum hemorrhage three times. In fact, if I had a history of postpartum hemorrhage, I would be more inclined to use it than not, because it tends to contract the uterus and that would decrease the amount of hemorrhage.

ACONITE.

C. H. Murphy, M.D., Lansing, Mich.

It will be difficult to say anything new on this subject. Aconite is a very common remedy and one of the first that we study in our courses upon materia medica. It is so common that it is neglected to some extent and its action is so powerful and so little understood that it is neglected altogether by the practitioners of the dominant school. We of the Eclectic and Homeopathic denominations have made an exhaustive and intensive research in the physiological action of aconite to the extent that we can use it intelligently and get results from its use.

In discussing this remedy, I will draw freely from the literature on this subject, and any phrases that I may use, with which you may be familiar, you may very well know that I have taken from some book or pamphlet, or have received it in conversation with some brother physician.

Lloyd, in his "Drugs and Medicines," says: "The genus aconitum has been celebrated from the earliest ages on account of the poisonous principles with which nearly all species of the family are possessed. It is among the first recorded vegetable poisons used, and it is supposed to be that referred to by Pliny as being used for an arrow poison by the aboriginal Gauls. In India, where some species are very virulent, it is in common use to this day by the natives for this purpose.

"To the ancients, aconite was considered the most virulent poison, and has a prominent place in their mythology and legends. It was used to poison wild animals; hence the name 'wolf's bane," by which it is now commonly known.

"The genus aconitum is a native of mountainous countries, consisting of about twenty species, mostly found in the mountains of Europe and Asia. The species are specially liable to vary, and on this account much confusion exists in their nomenclature.

"The etymology is uncertain, and as there is no ancient name of the plant in other old languages, related to Greek and Latin, in which the same root occurs, we can only make a close guess. Pliny states that its name is

derived from the fact that it grows on steep rocks. Theophrastus refers it to the name of the city of Akonai in Bithynia. Others refer it to 'whetstone sharp point.' There is no doubt it belongs to the Indo-Germanic root.

"The hunters which seek after wolves put the juice thereof into tawe flesh, which the wolves devour, and are killed.—Gerarde (1597)."

Aconite is a remedy of wide range of action. It is a dangerous drug to employ in doses verging upon the toxic, and especial care must be exercised when the stronger tinctures are employed. The trouble with all of us is that we have been using this remedy in too large doses. Large doses will produce gastric pain and nausea, reduce the number and force of the heart beats and lower arterial tension. There is increased action of the skin and kidneys and sometimes diarrhea or vomiting. I once heard Doctor Nafe, of revered memory, say that none of us knew how to use aconite; that it was his practice to use it in minute doses, five to seven drops of the tincture to four ounces of water, giving teaspoonful doses from fifteen minutes to an hour apart; and I have found in my own experience that this rule always works out.

Wherever aconite is indicated, the smallest doses will accomplish the result, whereas larger doses will produce an aggravation. Aconite is always indicated in the beginning of acute inflammatory troubles, particularly in the initial stage of fevers generally, and particularly in the exanthems and simple fevers of childhood.

It is useful in capillary engorgement of any part, be it of serous membranes, mucous membranes or catarrhal inflammations. It is of especial value in tonsillitis in the beginning, where there is numbness and tingling of the throat, tonsils red, sharp shooting pains through the throat on swallowing. Here the smallest doses will work miracles. Also in the beginning of all acute colds, measles, or at the beginning of pneumonia or pleurisy with a small, frequent, hard, sharp and quick pulse, with a dry and hot skin and suppressed secretions. It has been said to be a sedative. In fact, it is classed with the sedatives, and is indicated in all conditions of acute fevers with restlessness.

Nash, in his "Leaders in Homeopathic Therapeutics," on page 69, puts aconite in the category of restless remedies along with arsenicum and rhus tox. There is no better picture, in a few words, of aconite fever and restlessness than is given by Hering: "Heat, with thirst; hard, full and frequent pulse; anxious, impatience, inappeasable, beside himself, tossing about with agony." Aconite is also a great pain remedy. The pains of aconite are always attended by extreme restlessness, anxiety and fearfulnses. The patient tosses about in agony; can not bear the pain or bear to be touched. The pains are intolerable, generally worse in the evening or at night, and may be accompanied with numbness, tingling or formication. Fear is one of the keynotes of aconite—fear of death, especially fear to cross the street, fear to go in society, fear something is going to happen, ever present, undefinable, unreasonable fear. No remedy has it in such a degree as this one.

Aconite as a fever remedy has been greatly abused. Even the old school,

astonished at the results of Homeopathic treatment, so superior to their so-called antiphlogistic treatment, and finding aconite so highly recommended and so frequently used in inflammatory troubles, concluded, in accordance with their usual way of reasoning, that they could use it and make it do service in any and all kinds of fever, simply because it was fever. They soon found that, useful as it might be in some cases of inflammation, it was of no use in typhoids and septic conditions. Consequently it has fallen into disuse by them.

To sum up, then, aconite is to be used in minute doses for all acute inflammatory conditions accompanied by fever, ushered in by a chill or chilly sensation, flashes of heat and chill followed by more or less dryness and redness of the parts, heat, headache and thirst, anxious depression upon the face, catarrhal colds following a chill and accompanied by restlessness, hoarseness, sneezing, inflammation involving the lungs and pleura, pains, sharp and acute—stitch-like—in one or both sides of the chest, fear, afraid to go out or to go where there are many people. Life is rendered miserable by this all-prevailing fearfulness. Croup arising from exposure to dry, cold air will be cured by aconite.

COMPARATIVE VALUE OF SURGICAL AND X-RAY TREATMENT OF MALIGNANCIES.

E. G. Sharp, M.D., Guthrie, Okla.

In the consideration of this subject I have drawn considerably on the experiences of the surgeons of this country, as evidenced by their writings, as well as the writings and personal experiences related to me by some of the men who have specialized in X-ray treatment, together with my own observation and personal experience as a surgeon and X-ray therapeutist for a goodly number of years past; and, while I realize that there is yet very much to be learned on this subject, yet I feel that there are some things I have learned by observation and experience along this line that might prove of benefit to my fellow practitioners.

By the term malignancies we mean to include all those morbid growths, both deep and superficial, regardless of location, such as lupus, epithelioma, carcinoma, sarcoma, etc., which, developing from abnormal or pathological cells, tend to recur in the original or a different location, and which either by encroachment on the normal tissues of the body produce disfigurement and pain, or those that seemingly replace normal tissue with pathological or so-called cancer tissue.

In many, if not all, malignancies it is now generally recognized that early and complete removal of the growth and all lymphatic glands adjacent thereto by surgical means greatly lessens the probability of recurrence and in many cases completely prevents it, and that the earlier the operation after the discovery of the malignancy the greater the probability that it will *not recur*. However, it must be conceded that a large per cent. of the surgical

operations for the removal of cancer are useless, or worse than useless, and seem only to excite the disease to greater malignancy and shortens rather than lengthens the life of the sufferer. I believe the foregoing statement is conceded by almost, if not all, progressive, conservative surgeons, so that without question if we have a malignant growth to deal with delay is dangerous, and as no one can say when the malignancy of an apparently innocent growth may begin, it is well to always give warning to your patient of the *great danger of delay* of radical treatment, either by surgical removal or X-ray treatment, or both.

In this connection it might be well for me to call attention to the fact, *for it is a fact,* that there is only one correct early diagnosis of a malignant growth, and that is microscopic, and I am satisfied that many so-called cancers, which have been removed, or have removed themselves, were not cancers at all but merely innocent tumors that had not and probably never would have become malignant, all of which, however, should be removed early, nevertheless, lest they *do* develop malignancy.

On this fact has rested the success of the cancer pastes and so-called cancer cures, which are ever and anon coming to our attention, and upon which rest the success of the advertisers and cancer fakirs.

Not that I would decry the use or value of medicines for the relief of symptoms or cure of this class of diseases—far from it; however, we have much yet to learn along these lines.

The development of any medicine, means, or remedy that tends to destroy morbid or pathological cell growth and to stimulate normal cell tissue development should always be encouraged, for, as I said before, there is yet much to be learned along these lines, and as the "leaves of the trees are for the healing of the nation," we may yet find some medicine or medicines that will directly affect pathological or cancer cells and encourage normal cell growth so as to be said to be a real cancer cure, but I am sure that much that has heretofore been claimed along this line is error.

The development of the X-ray treatment about twenty years ago was heralded to the world as the dawn of the non-cancerous millennium, and, while much good has been accomplished along that line by it, yet as we learn more about it we know that it is anything but a cure-all and that it has its limitations as well as its dangers. Having taken it up and used it continuously from 1903 to about two years ago, I think I fully realize by experience both of these.

There is no question that its application will destroy all cell life, both normal and abnormal, and that as abnormal cells have less vitality than normal ones—if applied in just the proper dosage to destroy the abnormal cells without too much impairing the normal ones—X-ray treatment will cure cancer; but too frequently this can not be done, and in my experience and observation it can rarely, if ever, be done, in the deep cancerous growths. However, I think that while not curing, it does inhibit and retard the development of them as well as lessen the pain caused by them.

In the superficial cancers, as lupus and epitheliomas, the X-ray can be

applied so as to destroy the morbid cells without destroying the normal ones; hence, we cure practically all of this class of cases with the proper judiciously applied dosage. The technique in these cases, as well as in deeper growths mentioned, is a matter for careful study, and each case has to be treated carefully and watched closely, else the treatment will do more harm than good.

In concluding this paper let me say that, comparatively, surgery is only of value in the treatment of malignancies when done early, and its success depends on the ability of the operator to remove all the cancerous tissue and malignant cells, and when done late in the disease is of value only for the relief of the distressing symptoms that present. The X-ray treatment, judiciously applied, will cure all superficial cancers by destroying the pathological cell life and will retard or inhibit the growth of the deeper cancers for the same reason, as well as relieve pain, but it is unable to destroy all pathological cells without destroying the normal ones; hence is only palliative and not curative in these cases.

DISCUSSION.

Dr. W. N. Mundy: I am particularly interested in that paper at present, as I have three cases of cancer on hand now. One is a breast cancer that had been hidden until the axillary glands were involved, until there was destruction of tissue, and I was only called because the woman was having hemorrhages. I tried to control the hemorrhage by the use of adrenalin and tampons, and finally told the woman in the first twelve hours that there was only one thing now to do and that was an operation. She was operated, the wound healed and she is in good condition today. But this is the point: I have never yet seen a breast cancer removed but what there was a return inside of eighteen months and death ended the scene. I have had them removed early when there was just a small lump in the breast, but they all have returned.

I have had a case which interested me very much—a little girl, seven years old, that was treated for malaria. Examination of the blood proved she did not have malaria, and my diagnosis was a malignant growth, whether in spleen or kidney I could not say. An X-ray revealed a sarcoma of the left kidney, which was removed. She gained in weight and in flesh, and went to school some. The removal of the kidney was followed by X-ray treatment, but now she has a sarcoma of the liver, and I am using Coley's serum. I use twenty minims at a dose. I have told her father that I have absolutely no hope. I have used Coley's serum ever since it was introduced —and if I remember it was put out for use in inoperable cancer—but I do not believe that Coley's serum, or any other, will do any good.

Then, I have a very peculiar case on hand. I had a lady with cancer of the breast, whose mother had died of cancer of the breast. The daughter came to me with cancer of the breast, and I said, "You have two things to do: My first choice is a radical operation by a good, reliable surgeon, and I will select your surgeon; my second choice is to leave it alone, but for heaven's sake stay away from the cancer quacks!" She said she would leave it alone. I told her not to leave it alone too long. It has been twelve years and she is still leaving it alone.

The principal thing is to judge when you have a real cure. I do not call eighteen months a cure.

Dr. H. H. Helbing: My experience in surgery in mammary cancer

differs from Dr. Mundy. I have had patients that I could say positively that the case lived five years without any return following exclusion of the cancer. They were real cancers, according to pathological report. It has been my custom to have a pathologist at the time of the operation take a section of the tumor; that is, take out the entire mammary gland and then have him take a section right there and give me a report to see if it is absolutely a cancer, and if it is, proceed with entire exclusion, a real, thorough exclusion of the tissue around the region on that side of the chest wall. I realize in reading research work along this line by men with large experience that it is possible to have a return of cancer by the disease being seated in the lymphatic system of the chest wall or the axillary region, and I believe where it returns it is, as a rule, due to lack of thorough exclusion of tissue.

In regard to sarcoma, I believe that it is absolutely true that we have a return of this growth, if not in the region from which it was removed, then in some other place. I never hold out any hope to a patient with a sarcoma.

I do not know whether Dr. Sharp spoke of the Coolidge tube in using the X-ray. It is a wonderful thing to use in the treatment of internal cancer. I do not do this work: I leave it to a man who is skilled in this class of work. I referred a case of sarcoma of the jaw to a man in St. Louis, who treated it with a Coolidge tube. I have not heard his results. That was six months ago, and it was an inoperable case.

Dr. J. F. Cave, Kansas City, Mo.: I have been interested in cancer for about eight years. I had one taken off my nose in 1911. They wanted to burn it off with the X-ray, but then they decided it should be cut off. Dr. E. M. Perdue, I think, is the best authority on cancer in the world. I have seen a great deal of his work in London. He has discovered a hyperalkalinity of the blood which he treats, and the history of these cases is that they are constipated, are great meat eaters and tea and coffee drinkers. I have operated on some cases, and so far have had no return. I use drainage of the axillary glands. The skin clears up; the cancer cachexia clears up.

So far as the X-ray treatment is concerned, I had the pleasure of taking care of a cancer institute for six months for a classmate, who died of Bright's disease. They brought in many cases that had been treated with the X-ray, where the cancer cells were cleared up, but with a great deal of infiltration, and the trouble recurred. They cured many cases by internal medication. They cure 80 per cent of cases.

Dr. E. G. Sharp: The most of this discussion emphasizes the points I brought out in my paper. The last speaker has given me food for thought. The statement that the Kansas City cancer institution, or any other, cures 80 per cent. of cancer cases, to me sounds like a good many other things I have heard in regard to cures of malignancies of various sorts, and I venture the assertion that if these were real cancers and not malignant tumors, if they could be followed up it would be found that they were not cured.

Going back to Dr. Mundy's cases, in the first case he called attention to cancer of the breast—more probably sarcoma. But so far as X-ray treatment is concerned, treatment of the deeper growths is unsatisfactory, for the reason that you can not get dosage sufficient to destroy the cancerous growth without destroying the normal tissue. Consquently you do more harm than good.

The child case he speaks of comes into the same class. Surgery is only valuable for relief of distressing symptoms, like pressure pains; it is palliative, not curative. It is a fact that malignant growths may remain latent

for many years, but I am inclined to think the last case Dr. Mundy cites, in which the mother died of cancer, that this may remain latent until the patient dies of some other trouble, while at the same time some local irritation may cause it to develop, and when it begins to develop in all probability removal by the knife followed by use of the X-ray would not prevent its recurrence. That is my experience with the deeper growths.

POINTS IN DIAGNOSIS.

George F. Severs, M.D., Des Moines, Iowa.

After practicing medicine thirty years and being fooled perhaps a thousand times, I am coming more and more to suspect that in all cases of chronic disease and in nearly every case of acute disease that there is an obscure point or pocket of infection somewhere in some unsuspected part of the body that is acting as a source of supply of some morbid poison that produces the mild or severe reaction that is observed, and, without a pretty thorough investigation, one may overlook this point, that, to the more experienced physician or specialist may be very easily understood; in fact, so patent that he may be surprised at the lack of knowledge and clumsiness of his predecessor in the case.

This point may be as a cause of nervousness, found in eye strain, or as an infection, a post-nasal catarrh or a tonsil or a chronic bronchitis that is scarcely noticeable, or a slight catarrhal state of the gall-duct that can scarcely be demonstrated, or it may be a slight catarrhal condition of the cecum; this latter is very common and is easily overlooked; or the trouble may be in the colon, in the turn from the transverse to the descending portion, or it may be in the sigmoid flexure; this latter is very common; or it may be in the rectum, also common. In the female, it may be tubal and very often unsuspected, or a slight endometritis that is producing erosions that is easily overlooked but is usually easily relieved by a curettement. A disease that drags the woman down, bringing the points of the shoulders forward, and in general appearance simulating consumption. Or the trouble may be bad teeth that can scarcely be diagnosed, as in some of these cases the roots are involved or the absorption from bad filling, where the dentist is over-anxious to finish his job and get his money all at one sitting, his work is responsible for obscure symptoms. The enlargement of the thyroid gland that is easily overlooked may be the cause of a functional heart disturbance that is otherwise unexplainable; or a slight tubercular infection at the top of the lung that can scarcely be demonstrated may be the cause of a slight rise of temperature in the afternoon.

I am sure from what I have observed in many consultations that most cases of supposed meningitis have their origin in intestinal poisoning and may be relieved by very, very active catharsis. That quite a large per cent. of cases of infantile diarrhea during the summer months are accompanied by pneumonia, and in many cases the pneumonia unsuspected is the real cause of the disease, and no doubt in many cases that terminate fatally the

disease was never diagnosed at all, and *vice versa;* that many cases of pneumonia in winter die because of the accompanying catarrhal enteritis that is allowed to so poison the child that death results when a good cathartic would have saved the case. This latter cause of death, I am sure, is a very common cause of death in pneumonia in children. Many old people die of la grippe and heart failure, or most any old thing, when in fact they have pneumonia, sometimes located centrally, that may deceive the very elect, but pneumonia just the same. In old people, the reaction against the disease is so feeble that the irregular pulse and general prostration may be about all the symptoms present to the casual observer, and these cases may die of pneumonia with scarcely a rise of temperature to attract the attention of the physician. In making a diagnosis, first look in all the likely places, then look in the unlikely places, not even overlooking the psychic side of your patient, as a troubled conscience may be the active cause, or family trouble, or religion, or jealousy. But look! look! and you can find it.

PNEUMONIA.

Florence Stir Smith, M.D., Newark, Ohio.

Definition.—An acute infectious disease characterized by an inflammation of lung tissue, in which there is first congestion or engorgement; second, exudation or consolidation; third, resolution or suppuration.

Pneumonia is classed among our most fatal diseases. It is rated 25 to 40 per cent. mortality.

Etiology—Age.—Children and old persons; males more than females. Season, winter; habits, those who dissipate are better subjects. Environment, more prevalent in the cities. Previous attacks render one more liable. Infectious diseases, especially measles, typhoid, la grippe. Exciting cause—there can be little doubt as to cold being a great causative factor, or anything that reduces the normal resistance.

Bacteriology.—The micrococcus lanceolatus of Fraenkel. Right lung is more frequently involved than the left. One lobe or one entire lung rather than both at the same time.

General Symptoms.—Period of incubation varies from a few hours to three or four days. There are catarrhal symptoms, bronchial cough, oppression in chest, hurried respiration, headache, malaise. Often comes on suddenly with severe characteristic chill. In children, they may have convulsions; fever follows often to 104 or 105° F.; skin, hot and dry; flushed face, especially the cheek on the affected side; bright eyes, contracted pupils, restlessness; scanty highly colored urine; constipation usually; tongue coated, dry and covered with a white pasty coating; loss of appetite, thirst, and may be delirium. The patient lies upon the affected side, or on back, if both lungs affected; breathing is short and rapid and often accompanied by a grunt.

Special symptoms.—The temperature rises rapidly, reaching 105 or 106 in twenty-four hours, continuing for days. There is little variation in morning and evening temperature. This may continue until the crisis, in which it may fall to normal in a few hours.

Pain is a prominent symptom in most cases, and coughing. The pain is sharp and increases on inspiration. Rapid respiration is the characteristic of this disease, and may reach 60 to 80 per minute, or even 100 in infants. Dyspnea is a marked feature.

Cough: There is a short, dry cough at first; later the sputum becomes viscid, often containing blood. By the third or fourth day there is the characteristic rusty sputum.

Physical signs: Patient lies upon the affected side if one lung is affected, or upon the back if both. Later there is restricted motion in affected side, expansion of healthy lung, rapid and difficult respiration and dyspnea.

Palpation: Tactile fremitus is increased over affected area, while absence of expansive power is noted.

Percussion: Affords little information at first; later, dullness increases until there is no sound and complete consolidation; resolution begins and the dull note disappears.

Auscultation gives feeble respiratory murmurs and crepitant rales may be heard at the end of a full inspiration; later, bronchial breathing and bronchial voice. As the disease progresses we get the fine crepitant rales; later they become coarser and louder, until the lung has completely resolved.

Complications are various, but pleurisy is one of the most painful. Bronchitis complicates it, when the cough is very distressing. Infection of the heart may also be a complication, either as a pericarditis or endocarditis. Meningitis is also a rare complication. Gastric complication may occur and render the case many times more serious.

Diagnosis should be readily made by an abrupt onset, chill, rapid breathing, cough, high temperature, pain in the chest, anxious expression, flushed cheeks, sharp, full bounding pulse, scanty urine, crackling rales followed by fine crepitant rales, dullness on percussion, rusty sputum. The exceptional case may be where only a very small portion of the lung is involved.

Prognosis depends upon the age, presence or absence of complications, and extent of the disease. The mortality should not be more than 5 per cent. Eclectics pride themselves upon their successful treatment of this disease. Osler gives 25 to 40 per cent.

Treatment.—Osler says pneumonia is a self-limited disease, and there is no known remedy to shorten or limit it. Eclectics believe and can prove there are known remedies which can abort many cases and shorten the duration of all cases. Treatment divides itself into medication, diet, and care. Care is a very important element in the treatment.

Management: The patient should be placed in a light, well ventilated room at a temperature not lower than 68 degrees, and it should be kept uniform. The amount of air should be greater than in most other diseases.

The clothing should be light but warm. The patient should be kept quiet, and attended only by nurse.

Diet: Only very easily digested foods should be allowed; milk, broths and plenty of water should be given. Sponging of hands and face in tepid water gives great relief, and the daily warm soap bath is very beneficial if given carefully. At the beginning of the disease, especially in children, a hot bath will modify the disease very materially. If the bath is followed by a good sweat it restores circulation. The feet of the patient must be kept warm and the head cool. Care should be exercised in using cold water on head. Bed clothing should be warm, not heavy. Woolen blankets are best for winter. Bed clothing should be changed frequently.

Pneumonia being an inflammation of the lung, the drugs that slow the circulation surely would aid in lessening the congestion. Veratrum is used in adults where there is a full, bounding pulse. Aconite is the remedy in children or feeble adults. They slow the circulation and reduce temperature. Jaborandi is used where there is a hot, dry skin and high temperature. Discontinue when the respiratory glands are active. Bryonia where we have sharp pain; also useful in inflammation. Gelsemium is used where there is restlessness, flushed face and bright eyes, and belladonna if stupid and listless and inclined to sleep. Rhus, where there is a glazed, pointed tongue. Ipecac for cough with little expectoration. Sanguinaria where much cough and tightness. Lobelia where secretions are tough and not much expectoration. Asclepias where hot, dry skin and pleuritic pain. Sodium sulphite where tongue is broad and coated white or dirty white. Podophyllum if much yellow coating of tongue. Calomel I always give early in the disease, sufficient to move the bowels well. Potassium chlorate where fetid breath and fetid discharges. Nux vomica is useful where patient becomes weak. Macrotys where much soreness. Passiflora to promote sleep and quiet restlessness. Hyoscyamus will alleviate cough and promote sleep. Plenty of cool water to drink and enemas of salt solutions are very good if much gastric disturbance.

Local applications are very beneficial. A hot mustard bath at the beginning of the disease will relax the patient and stimulate secretion if the patient is wrapped in blankets and allowed to perspire freely and giving aconite or veratrum the case may be aborted.

Mustard draughts applied to the chest is an excellent application, used only to redden the skin and not blister; it allays cough and assists in lessening the pain, and arrests the congestion. Compound powder of lobelia and libradol are very useful.

Individually I use a preparation of camphor, menthol, capsicum and ginger, mixed with vaseline, spread upon a flannel cloth, when cough or hoarseness is annoying. I use this ointment and have the nurse apply hot cloths to drive the ointment into the chest. In children this will prevent them from coughing, and permits sleep.

HEMORRHOIDS AND PROLAPSUS.

Benj. E. Dawson, M.D., Kansas City, Mo.

While this subject is not of my choosing, it is consonant with my line of special work and not averse to my wishes. There is no more prolific field for the specialist, and also the general practitioner, to reap both a financial harvest and relieve suffering. I believe it is a religious work to cure piles; it is hard for one to be religious and have piles. They are largely incompatible. The field is prodigious; there are plenty of cases in every community to keep the doctor busy.

This line of work had been sadly neglected by the profession until Brinkerhoff and a host of others invaded the field with secret remedies. The drug stores were well supplied with patent medicines, liberally advertised to cure this painful malady. The average doctor was careless, semi-indifferent, accepted the patient's diagnosis of piles, and never made an examination. He would ask a few questions, prescribe an ointment or wash and dismiss the case.

The surgeons were just as culpable. I have in my library Erichson's Surgery, published in 1869; also have a number of other books on surgery, by various authors, issued at later dates, down to Ochsner and Percy in 1915. The advance in surgery, as manifested by these books over this space of nearly half a century, is marvelous. There is marked advance in technique, in new instruments and in new operations—more than in several centuries preceding this period. This advance is so extensive that it elicits admiration and almost challenges one's credulity in every department of surgery but one; here there is flat disappointment. I refer to the section on the treatment of hemorrhoids. Erichsen teaches the use of the ligature and the clamp and cautery; so do Ochsner and Percy. Simply a repetition of each preceding book published during this period. They all give a cut of the clamp with ivory lining on the under surface to protect adjacent tissues from heat. The last book does make some advance; it recommends a small-sized soldering iron, heated in a tinner's heater or gas jet; barbarous, cruel, unscientific and unsurgical are these old methods.

Why is it these surgeons have made no advance along this line? The reason is plainly dual on the methods used; it is the fear of hemorrhage. Hemorrhage is the *bete noir* with them in removing hemorrhoids. With appliances and methods we have today, any bleeding is easy of access within three or four inches of the anus. Hemorrhage is as easily controlled here as elsewhere. Any bleeding surface, whether from artery or vein, will cease of itself if below the upper margin of the internal sphincter, as soon as the muscles contract. It is seldom, though sometimes, necessary to use torsion or ligature below this margin. Do not do that which is unnecessary; a stitch in the rectum usually renders the use of the catheter imperative.

Technique.—For the middle variety, or those found in the lower inch of the rectum, they may be removed through the blades of a bivalve speculum

before dilating, or after dilating without the use of the speculum. In the former method, insert the bivalve and open the blades just wide enough to protrude into the field. The lower end of the pile tumor is then seized with the tenaculum, which should not penetrate deeply into the tumor. With a pair of surgical scissors, curved on the flat, start just back of and below the insertion of the tenaculum, and remove a narrow strip of mucous membrane, longitudinally, to the upper end of the pile. The blades of the speculum should be opened somewhat wider, so as to spread the lips of the wound while the operator clips away with the scissors the hemorrhoidal tissue which protrudes through the opening. Open the scissors slightly and press with the blades upon the denuded surface; the small grape-like structure will be seen and can be clipped off together with the redundant tissue. By using a little skill one can remove the entire pile and not injure the larger blood vessels underlying the tumor and encounter but little hemorrhage.

This process can be applied to each tumor until the rectum is free. Sometimes there is energetic spurting when a larger artery is cut. This is only a bluffer and need cause no alarm. It will cease when the speculum is removed, or as soon as the sphincters contract, unless it is a case of long standing, where the piles have protruded until the sphincters have become exhausted and have lost their tonicity. Under these conditions it will be safer to throw a small catgut ligature around the mouth of the bleeding vessel. This can be readily done as the artery is easy of access.

It is necessary, in doing this work, to leave a strip of undenuded mucous membrane between the pile tumors; at least three or four strips should be left unmolested. They may be very narrow if their continuity is left intact. In a very short time the mucous membrane is reproduced, growing from the margin of these strips, leaving scarcely a trace of the surgical procedure It is astonishing how quickly these cases recover and the small amount of pain that follows ordinarily this surgical method. While it confines the patient to the bed for a few days, the recovery is much quicker, the suffering less, and the rectum left in a smoother condition than with the injection method.

If you do not operate between the blades of the speculum, first do a thorough but gentle dilatation of the sphincters with the rectal bivalve until the muscles are well relaxed. Next, seize the anal margin with T forceps and evert an inch over the left finger, thus doing the work the same as between the blades of the bivalve, except the work is done quite outside.

Internal Hemorrhoids.—For internal piles—those above or extending above the upper margin of the internal sphincter—dilate thoroughly; then evert with T forceps, going around the circle of the anus with four or more forceps. With other T forceps placed above these, which should then be removed, the climbing up, or rather, everting the bowel, may be continued until the entire pile-bearing field is exposed and freely accessible to the operator. Next, grasp any one of the hemorrhoids with the T forceps, longitudinally. Drag it down, and, with plain No. 2 catgut suture in a short,

curved, round-pointed needle, encircle the blood vessels supplying from above. Tie this suture but do not cut it off. Now, with scissors, curved on the flat, remove the tumor, cutting beneath the forceps and below the suture. If the suture has failed to embrace the artery, which will spurt freely, you have your catgut and needle ready to take another turn or so around it and promptly stop the bleeding. With this same suture and needle, a continuous line of stitches can be used to coapt the margins left where the pile was removed. Each tumor is then treated in like manned until all have been disposed of. In this procedure the hemorrhage is under perfect control. It is scientific, surgical and successful.

When the surgical work is completed, insert a roll of gauze, the size of the thumb, smeared over with soluble iodine, balsam Peru or calendula ointment. Put the patient to bed and remove the rectal plug in about one hour; sooner, if the patient is restless or troubled with dyspnea.

DISCUSSION.

Dr. R. L. Thomas, Cincinnati, Ohio: I want to commend the paper and to say that I am surprised that any surgeon who is advanced in anything else should be so lame in an operation for removal of hemorrhoids. My experience has been the same as Dr. Dawson—you do not have any hemorrhoids below the internal sphincter.

Dr. W. E. Daniels: I think this is one of the easiest surgical operations that the average practitioner has to do. I think there is very little danger if you are careful, and I do not think we ought to send these cases to specialists, because they are so easy to cure. I used to use the injection method. If you are careful to use only one or two drops it works very nicely. We have a specialist in Sioux Falls who has been there for three years. I do not know how much of a lie he told me, but he said he had cured 6,000 cases sent to him by other physicians within the three years. Just think of that! And he charges them $100 per. The way he does it is about as Dr. Dawson does in the way of preparation, and he used a very light injection composed of a weak solution of carbolic acid, ergot and glycerine. He injects about one pile a day, keeps them for three weeks, sends them home, and they are happy. It is easy for you to have a cure, and the instruments you use are cheap.

Dr. J. Scudder Hall: I would like to ask Dr. Dawson how long he waits to move the bowels after a hemorrhoid operation.

Dr. R. J. Lambert: I have been trying to think of the formula for the injection you use. At our state meeting last month one of our oldest members spoke of this injection, but cautioned against using it unless the proportions were right.

Dr. Daniels: The formula I use is one I got from Dr. Henry Tucker: One-half drachm carbolic acid; two drachms ergot; two drachms glycerine, and water. That is all I make up at once. Use four to ten drops—not too much.

Dr. Dawson: I usually, of course, have the bowels thoroughly moved beforehand and then I like a castor oil and soapsuds enema before I operate. Then about the fourth day I move the bowels by giving compound licorice powder, and then when the piles are beginning to heal inject soapsuds through a soft rubber tube and perhaps put in a little olive oil. They sometimes have a little pain, but not often. If you allow the bowels to become constipated you will have trouble.

As to the formula, I use straight commercialized carbolic acid; you should never use a 50 per cent. solution. Do not use glycerine; use olive oil, but do not use less than 50 per cent. carbolic acid.

I prefer a general anesthetic; I have operated with a local anesthetic, but I do not like it.

CUSTOMS AND HABITS OF THE PEOPLES OF INDIA AND THEIR BEARING ON MEDICINE, SANITATION AND PUBLIC HEALTH.

M. R. Samey, M.D., Bangalore City, S. India.

In my last article I have endeavored to depict in as brief a compass as possible the present state of medical practice in India, and now I propose to deal in the same manner with the customs and manners of the different peoples of this vast peninsula in their relation to the public hygiene of the country.

Any efforts at generalizations in regard to topics Indian would be futile since no similarity exists in modes of thought in any of the two peoples of this interesting country. Hence, I deal, *pari passu,* with different sections of the communities which constitute the Indian nation. It must be conceded, anyhow, in this connection that more coherent fusion is necessary to be complemented before the term "nation" could be made to connote the diverse and divers mankind that people India.

The western conception of the term "nation" is so comprehensive that a pen picture of the whole nation is presented at once and conveys, *per se,* all the peculiarities that distinguish one nation from another. But when the same is applied to India, it must be applied with definite qualifications. The student of sociology finds an inexhaustible material for study in this country. India has always been renowned for its precious development of philosophies. Religious thought dominates all the moral and ethical codes that are held in reverential observance.

Hindus.—This forms by far the largest class of people in India and is a generic term denoting the entire class of people that follow the tenets of "Sanatana Dharma," laid down by the venerable sages of yore. From the morning toilet down to retiring to bed everything is embraced in religious observance. Cleanliness runs between the veins of the lives of these sages, as in every act enjoined "Ashuchi," or uncouthness, is strictly proscribed. *"Mens sana in corpore sano"* is the keynote of all the spiritual observances enjoined on the followers of Hinduism. Anyhow, it is very much to be regretted that the original object of these tenets have not been appreciated at their true worth and all the practices now obtained have dwindled into meaningless logos.

Brahmins.—This is an important subdivision of the Hindus. They are the spiritual leaders of India and are held in veneration from time immemorial. Cleanly in habits, they are strict vegetarians and are loath to partake of any kind of animal diet, exception being taken to Brahmins of Ben-

gal and North India, who partake of fish; the Brahmins of the South of India are high-class vegetarians. They are very strict in ablutions, and a daily bath is strictly enforced by religion. Clothing is cleanly, and in a tropical country like India the heavy furs and warm clothing are not a *sine qua non*. The Anglicized portion of the community indulges in western methods of dress, but the majority of them dress in the simplest eastern model, a "Dhoti," or "loin cloth" and an upper garment constituting the wardrobes of a high-class Brahmin. Loin cloth is a derisive term applied to the undergarments of the natives by Europeans, who have gone so far as to decry this mode of dress as "semi-nudity and relic of barbarity." But climate is the determining factor in propriety of dress and clothing. They eat off in "patravalis" or leaves' plates, which are thrown away every time. These leaf plates are spread on the ground and the various items of daily menu are served on them. This is an insanitary practice in the light of modern science, as raw earth floors which are the rule in India are credited to harbor millions of microbes. The introduction of metal plates and silverware would successfully delete this system, but it is a hard fight for the sanitarian to effect this seemingly petty reform in Indian domestic economy as the pertinacity of the people to time-honored usages is too stubborn to make the task of the reformer in India anywise sanguine.

Early marriage is another thing that dwarfs the nation, and the average expectation of life in India is hardly twenty-five. This custom again is a glaring instance of the transgression of the spirit of moral code of our Shastras. During the Mohammedan rule the Hindus, as a class, were constrained to effect child marriages to escape the lawless seduction of their daughters, and this necessitous perversion has remained unchanged even today. It is prohibition for the father to keep his girl unmarried after twelve years. The Shastraic interpolation lays down the eighth year as the age of marriage. It may appear paradoxical for my enlightened brethren of the west how a girlie of eight could enter marital life. But in India it is commonplace to see such weddings. In case of males, no such mandatory age restriction is enforced, but every day can be noticed a marriage celebration of an irresponsible parvenu of slender fifteen with a chidie girl of barely eight, looking upon this momentous transaction of life as a peurile function of eclat affording a delightful variety. Poor things! Their slim frames and brains can not see anything beyond this in matrimony, a lever that regulates the weight of life. The grim effects of such a practice are noticeable in the enfeebled manhood and womanhood of India, the tropical heat of the country contributing its liberal dole to the undermining of the nation, physically and mentally. Infant mortality is the highest of all countries in India, and this lamentable state is mostly due to the evil practice of child marriage. Girl mothers whose pelvic regions are yet in process of formation can the least be expected to bring forth healthy and lasting progeny.

It is a common boast that the troubles arising from accouchement and childbirth were almost unknown or very rare among the older generation

of women. Europeans, on the other hand, assert that the Indian system of accouchement is frightfully bad and a prolific source of all sorts of diseases to both mother and child. The original idea of an Indian accouchment room was excellent, viz., to have a new room separate from the dwelling house and constructed of palm leaves, for free ventilation and its floor made of earth spread with cowdung (earth and cowdung being good antiseptics). To guard against chill and damp, a fire was a necessity, and hence a fire was lighted and kept up for preventing chills and for drying the kutcha floor and for promoting warmth. As flannels and good clothes are not allowed in the lying-in room on account of Hindu ideas of "Ashoucha," or uncleanliness, mustard oil inunction and dry fomentation with fire are freely used for both mother and child. The mother is also given dry food and black pepper and ghee as stimulants. A three-weeks' "Ashoucha," or uncleanliness, is observed, and, to prevent all possible infection from outside, all alms-giving to beggars (who generally bring infection with their dirty clothes) and the sending of dirty clothes to and taking washes from the dhobi (who generally spreads infection) and shaving by the village barbers (who go from house to house and, therefore, might convey infection), are strictly prohibited. At the end of the three weeks, the parturient mother with her child bathes and purifies herself with thank offering and is then received back into the family circle. As I said just now, the original idea was excellent, but all corruptions of good customs and things are bad.

The Hindu lying-in room has degenerated. Instead of constructing a separate room of palm leaves and of dry earthen floor (which is not practicable in towns), the darkest and dingiest room in the house is assigned for confinement with little or no ventilation, and both mother and child suffer from the close and heated air of the room, which is rendered more hot and poisonous by the fire which is kept up day and night. In such a close and hot room the mother is more likely to catch fever and other childbirth diseases, and the child becomes more predisposed to tetanus and convulsions than in a shed of palm leaves with free ventilation and free air.

Marriage and Consanguinity.—The laws of marriages as laid down by the Hindu lawgivers are very good and safe and thoroughly protect the contracting parties against the evils of marrying near and blood relations. Among the Hindus no blood relations down to the seventh generation are allowed to marry, and, therefore, they are obliged to bring fresh and new blood to a family and thereby insure a healthy progeny. This custom and practice is to be lauded and commended as worthy of imitation by others—even by Europeans who have some strange marriage customs among them. For instance, an Englishman will never marry a deceased wife's sister, but thinks nothing of marrying his first cousins—the nearest blood relations.

The Other Sects of Hindus.—Vysias or merchant classes are also very similar to Brahmins in all their customs, as they are largely guided by Brahmins, exception being taken, anyhow, to up-country tradesmen, who are not, anyhow, strict vegetarians.

Sudras.—They constitute the rank and file of Hindus. All of the Hindus that can not be grouped under the three super-headings, Brahmin, Vysias or Kshatriya (a defunct class in modern India) are conveniently captioned under this head. These subsist on mixed diet—animal and vegetable. Many of them are not teetotalers, while Brahmins and Vysias are enjoined to abstain from alcohol.

Apart from the libertinism in point of diet and drink, they are very akin in their customs to the three higher class, only with this difference that the observances exist with them in their coarsest and crudest presentation.

The penetration of light and learning into the most depressed of these classes by a pretty long contact with the west has infused an insatiable spirit of competition into this class, and they are vieing today with the better classes in all pursuits and walks of life with an alacrity that astounds the student of their past traditions. With education, better conception of cleanliness, sanitation and hygiene have taken hold of them.

Having briefly summarized the customs of Hindus in their bearing to health and hygiene, I proceed to touch in a very laconic manner on the other classes. But feeble justice could be done to such a big and ambitious theme as the one under review in a short writing like this.

Mohammedans.—These are a distinct class of people from the Hindus. They are very conspicuous by their diametrically opposite religious mannerisms to Hindus. Their excellent axiomatic canon on the followers of Islam to strictly abstain from alcoholic drinks is very commendable. They subsist on a mixed diet, the only proscribed animal diet being pork. They are somewhat dirty in their habits. They observe purdah-system and imprison their women in the four walls of the homestead. They are kept within the confines of the houses, which are generally ill-ventilated and shut on all sides to protect their "Zenana" from the rude gaze. Hence, they are stunted in growth and pine away in the unhealthy atmosphere of the wretched hovels, being scrupulously shut away from sun and air. Education again is the salve for this festering custom and some of the progressive Mussulmans are discarding this as an antiquated practice.

In regard to marriage customs, although infant marriage is an absent feature of their social polity, very happily, consanguinity stains them black. The consequence is the offsprings of such marriages are generally weakly, deformed, nervous and idiotic in many cases. The reason assigned in favor of marrying near blood relations is to keep the property in the family and not to let it go out by marrying outside. The Hindus' laws of inheritance do not allow any share to girls and women, while among the Mohammedans women inherit certain shares and portions of property. This is praiseworthy, because it makes better provision for helpless women; but they should give up the practice of wedding blood relations and thereby insure a more healthy and robust progeny.

Parsis.—These are followers of Zoroaster and are chiefly to be found in Bombay, although commercial pursuits have dispersed them in many

trade centers. They are a well-educated and cultured class and are almost Anglicized. Some of their women are highly educated and they bid fair to vie with the west in point of co-education and sexual equality. The only thing worthy of remark in their connection is their queer custom of disposing of the dead bodies. They neither cremate nor bury their dead bodies, but throw them on the famous "Tower of Silence" at Bombay, to be finally disposed of by vultures and other ravenous aviary.

I concede this is but an imperfect survey of this huge continent in relation to habits of interesting diversity of its peoples and their bearing to sanitation, yet I am shy to absorb an inordinate space of our valuable organ and thereby circumscribe the space allotted therein to my more worthy professional brethren.

SURGICAL AND CONSTITUTIONAL TREATMENT OF PUSTULA MALIGNA.

STANLEY TOMMASELLO, M.D., GREENWICH, CONN.

Yes, brother colleagues, *what is mine must be yours, and vice versa.* On these substantial few words our noble profession should be based, and every single thought of our knowledge should be a general one; condemning the egotistical posture of those who presume themselves as supermen.

We should enlighten each other of what our long experience is teaching us daily and suggesting whatever we find in our large professional field to save the human beings from the various deadly ailments. This year I come before you to offer my best experience I had in my mother country on over forty cases of splenic fever and not a single case was lost.

In this country I have found that the fatal percentage of pustula maligna is very high and it seems to me that no rational treatment has been yet found.

Serotherapy? I don't trust in it. Do you? It does us much good to open our mutual experience in any branch of medicine or surgery, when we can assure conclusive results on what we have had as successful work. And now we enter straightly in the arguments.

We do not need to define this fatal disease, as everyone of us knows well that this malignant pustule is a result of inoculation of the bacillus anthracis, and accompanied by serious constitutional symptoms.

We will now consider how this bacillus gains access into our system, as we know it ever since we had our elementary course in bacteriology. We know that the skin is the open door of its field, and from our practice we never did find a pustula maligna where protection is maintained by our dress. All the cases I have had the site of the attack was invariably on the neck, face, hands, and sometimes on the legs and feet, when these were exposed.

The incubation period is usually seventy-two hours, but I have had cases developed in twenty-four hours. The affection starts with an itching and burning sensation, with a slight papular, reddish elevation in a small ring

shape. Or better expressed: We find in the middle of it a small, bloodish vesicle and a circular hardened area. The nearby lymphatic glands are severely affected, and the central escharotic area, by enlarging its infection, fatal symptoms may result.

The malady attacks people surrounded by infected animals, directly or through flies or insects. The bacillus can remain in the hides or hair of animal skins which died with the infection, and the said bacillus can keep its virulence for years. Many workers employed in the manufacturing of hides are victims of anthrax, notwithstanding the hides were dried under the sun years before.

The sickness is always fatal if the intervention of surgery is delayed, but I wish to say that even if the general system is affected and high temperature and coma are noticed, we should not despair but act more quickly to save our conscience from professional remorse. I never had a fatal case in the course of my practice in the old country and that city is a center of raising sheep, oxen, etc., and, as you can imagine, the cases of pustula maligna are quite many.

From my experience I can assure you that the best treatment employed is the following: As soon as the diagnosis is assured, destroy the entire tumefied area with a button of living fire, going deep until soft tissue will be noticed, afterwards bathing with 1:1000 solution of mercury bichloride every three hours, using a thick piece of gauze. Use the bathing until the escharotic mass, produced by the burn, falls off. In the cavity, after the slough is fallen out, use the following ointment:

℞ Ichthyol, ʒ j; camphor, very fine powder, ʒ ss; Lanum, castor oil, vaseline, yellow, aa, ʒ jss. Make a smooth salve. Sig.: Fill the cavity every twenty-four or twelve hours and bandage well the site.

℞ Carbolic acid, drops xx; glycerine, ʒ ij; camphor water, ʒ iv; strychnia sulphate, one-tenth grain. Make a sterile solution. Sig.: Use ʒ j of the solution, hypodermically, in the gluteal muscle, every six hours.

℞ Quinine phenate, ʒ j; sodium salicylate, ʒ ij; caffein citrate, xvi grains. Make xvi capsules. Sig.: One every four hours; four a day.

℞ Ammonii carbonate, ʒ iij; peppermint water, Jamaica rum, aa, ℥ iv. Sig.: Tablespoonful after each capsule.

Use ice bag on the head in case of coma or high temperature. Watch the lungs, kidneys and heart. For food, rich beef tea. In late serious cases you may employ pilocarpine hydrochlorate, hypodermically, until you have a general reaction.

Remember to destroy with fire the focus of Pollender's bacillus and not by incision or extirpation. In case you have not at hand a thermo cautery, you might use the edge of a masculine key, making its edge red on the fire. This is a drawing of a simple remedy I used in my practice abroad.

THERAPEUTICS VERSUS SERUM.

Wm. P. Best, M.D., Indianapolis, Ind.

Within the memory of the writer much has been said and written about the treatment of the sick. Many time-honored therapeutic agents have passed into oblivion and hundreds of new ones have risen on the medical horizon, and after a meteoric existence no longer exist except as an unpleasant memory. The so-called scientific physicians seem to have experienced a more unsettled frame of mind concerning the treatment of the sick than any other. Antiseptics gave way rapidly to asepsis. Surgery developed by leaps and bounds as a result.

Etiology and pathology have presented so many phases and changes that doctors, not to say many laymen, have lost all hope of keeping abreast the variations, and medical nihilism, first affecting regular physicians, became a widespread malady to be succeeded by all the one-idea treatments which have since sprung into existence and are known by various and sundry titles about as meaningless as the theories, practices and results. If there is any advantage in either, the cults have it, inasmuch as they are no longer menaced by the regular, who is characterized chiefly in the past three decades by his irregular, wobbling and unscientific prescribing misnamed scientific medicine.

Therapeutics is an intelligent application of agents and methods to the cure and alleviation of disease. For many centuries therapeutics, developed by empiricism, drug provings and accident, stood the test, met the requirements, and when carefully administered brought good results to the sick and suffering. Very few, if any, of the best known drugs owe their discovery and usage to scientific investigation. Even quinine, opium and mercury do not owe anything to the so-called scientific theories of medicine, nor have they been successfully displaced by anything emanating from our vaunted scientific attainments.

Out of Ehrlich's so-called "side chain" theory has been formulated the theory of immunity. The toxic molecule is supposed by Ehrlich to consist of a haptophore group and a toxaphore group. The protoplasm of living cells is supposed to consist of a central nucleus and a number of "side chains," so-called. These side chains, or receptors, supply nutrition to the cell, and, in order to perform this function, they combine with or anchor molecules of nutrient material dissolved in the blood or lymph. Moreover, there are many varieties of proteins in the blood and there are specific receptors for each of the various proteins. Upon the injection of a certain toxin into an animal, the haptophore group of the toxic molecule combines with the receptor, and the toxophore group, thus brought into communication with the protoplasm, exerts its toxic action on the central nucleus. If the dose of the toxin is large, the protoplasm is fatally injured and the animal dies. When a small or non-lethal dose is injected, a certain number of side chains necessary for the nutrition of the cell are rendered useless

by combining with the toxin. The vital reaction of the tissues to the injury causes other side chains to be produced. By repeating the dose of the toxin, additional side chains are formed, and if the administration of toxin in suitable doses is continued, the protoplasmic molecule may be gradually trained to produce side chains so rapidly that many of them become detached from the central nucleus and float freely in the blood. They, however, retain still their power of uniting with the toxin molecule by means of its haptophore group, thus preventing its union with the protoplasm and rendering it virtually inert, and so they constitute the antitoxin.

Sera for therapeutic purposes are of two classes—the antitoxic and antibacterial. The antitoxic sera are obtained by repeatedly injecting animals (horses usually) with soluble toxins produced in artificial culture media by micro-organisms. (1—anti-diphtheria serum; 2—diphtheria antitoxin.)

The anti-bacterial sera are produced by injecting the animals with the actual bacterial substance of such pathogenic organisms as do not excrete their poisons. (Anti-streptococcic serum; 1—anti-diphtheritic, anti-tetanic and anti-tubercle; 2—anti-gonococcic, anti-meningitic and anti-streptococcic.)

Bacterial Vaccines or Bacterins.—Pasteur laid the foundation for many branches of preventative medicine as now understood and taught in his production of anthrax vaccine and later a hydrophobia vaccine. Today a large number of vaccines are in use both for curative and prophylactic purposes.

In the case of diseases of which the bacterial origin is known, pure killed cultures of the causal agent are used for inoculation and the vaccine is called a "bacterial vac." Living cultures are seldom used. Bacterial vaccines are sterilized, standardized suspensions of micro-organisms. The cultures may be autogenous or stock vaccines. The advantages and disadvantages of each have caused endless discussions, but suffice it to say that inasmuch as the effort is to have a "specific remedy" for a specific condition the former certainly would have the weight of scientific medicine in its favor. The injection of bacterial vaccines stimulates the patient's body to produce an additional supply of anti-bodies and thus enable him to resist the disease.

In the use of *serums,* the anti-bodies are supplied and thus *passive* immunity is conferred, while the bacterins produce *active* immunity.

The diseases in which bacterial vaccines have proved most valuable are those described as *chronic localized* infections, and in recalling the natural process of immunity or recovery, we are reminded why this should be so.

According to Wright, "The natural cure of any bacterial disease consists in a series of auto-inoculations and immunizing responses, the infectious agent being derived from the focus of infection in the body; and the effect of each immunizing response is to increase further the resistance of the body, until finally immunity is complete and the disease cured." It is stated further that in most microbic infections the normal mechanism of the body is fully capable of dealing with the invasion, but in certain others resistance is inadequate or the system is overwhelmed by the viru-

lence of the infection. *"The fact must not be lost sight of that many cases are quite unsuitable for treatment by means of vaccines."* (Italics ours.) We are told that we must "carefully select the cases for treatment," but we are not given the means by which to judge between those which are suitable and those which are unsuitable.

Theoretically, sera and vaccines prevent disease as above suggested by the introduction of anti-bodies—"passive immunity"—or by stimulating the production of anti-bodies in the patient's body by the introduction of vaccines, conferring or producing active immunity.

The choice between sera and vaccines must be governed by first determining whether or not the patient is capable of producing his own anti-bodies, and if not, the sera should be chosen; if, however, the disease is seen at the outset, in its incipiency, and the process is still localized, prompt and suitable use of the proper vaccines should arouse active immunity. For example, Dr. George F. Seaborn (*New York State Medical Journal,* April, 1911) illustrates this point as follows: "In the early stage of puerperal sepsis, before general infection has taken place, we may expect beneficial results from bacterial vaccine, but when the infection has been allowed to run its course unchecked until it becomes more or less general, anti-streptococcic serum, if the infection be due to the streptococcus, should prove of greater value than streptococcus vaccine."

Since our own experience is insufficient to guide, even ourself, in the formation of conclusions as to the actual value of these theories, let us briefly review some of the more recent literature bearing on the question of the therapeutic application of the same. (The friends of any movement should be the best sponsors therefor.)

H. H. Fox, M.D., Ithaca, N. Y., in the June 24, 1916, number of the *Journal of the A. M. A.,* reports his results from a series of cases of acne vulgaris. In this series every precaution was taken and systematic scientific study and treatment prevailed. He reaches the following conclusions: "Our investigations would seem to demonstrate, first, the important part played by personal hygiene in the cause, prevention and treatment of acne vulgaris and furunculosis; second, the superiority of well-known therapeutic measures over vaccine therapy in the conditions studied; and third, the value of following up cases to ascertain the number of permanent improvements, since experience has shown that the results attained during the time of treatment are no criteria of the changes to be seen in the eruption at a later date. As T. J. Horder has well said: "The failures of vaccine therapy are probably more numerous than its successes."

In June 3, 1916, *A. M. A. Journal,* Frank B. Lusk, M.D., of Chicago, contributes an article under the title, "The Treatment of Arthritis by the Intravenous Injection of Foreign Protein." He says in part: "During the past years attention has been called to the intravenous typhoid vaccine in the treatment of typhoid fever. The early reports by Penna, Kraus and Mazza, of Buenos Aires, and the independent investigation by Ichikawa,

demonstrated clearly that by this method of treatment certain percentages of typhoids might be brought to immediate termination."

Kraus and somewhat later Ludke were able to show that similar results could be obtained with a vaccine made from colon bacilli, this showing definitely that the reaction was not due to a specific vaccine. Ludke was able to show that a solution of albuminose would accomplish the same results.

During the past summer we used the intravenous typhoid vaccine, 200,000,000, in the treatment of typhoid. Later, following the suggestions of Ludke, we thought it might be of interest to compare these results with a series treated with albuminose. We were unable to obtain any of Merck's albuminose, but through the courtesy of Drs. Jobling and Petersen, of Vanderbilt University, we secured some proteose which they had prepared for experimental work. By giving from 1 to 2 c.c. of a 4 per cent. solution of this proteose, we obtained the same results as with the typhoid vaccine; 20 per cent. of the cases treated terminated by crisis after a single injection. In addition, in about an equal number following the injection, there was a termination by rapid lysis, and in a third group, which again equaled approximately 20 per cent., following a single injection, the continuous fever was changed to a very irregular type, which continued until the termination of the disease. The remaining cases, while reacting with a chill and rise in temperature, continued their febrile course in an interrupted manner. As stated, the proteose, in its chill, temperature reaction, leukocytosis and percentage of cases in which the course of the disease was modified, gave the same results as the typhoid vaccine.

These results are simply confirmatory of those already recorded, making it quite apparent that the sudden termination of the disease is not due to the specific character of the vaccine, but probably to the action of the foreign protein.

"It was decided to apply this method of treatment to another infection, and we selected for this purpose, acute, subacute and chronic arthritis. . . . Selecting, then, only those cases for study in which the disease was persistent in type, we gave a 4 per cent. proteose solution in doses of 2 c.c. intravenously. The patient reacted by chill, rise in temperature, and moderate leukocytosis. The day following the injection there was a moderate but definite improvement in the joint symptoms. As our supply of proteose was limited and as we believed that the reaction was solely due to the foreign protein, a typhoid vaccine was substituted for the proteose. . . . The reaction was the same as when the vaccine was given to a typhoid patient except that the leukocytosis was more marked in two instances, reaching 52,000. In three of the ten acute cases thus reported, the joints were apparently normal at the end of twenty-four hours and results were permanent. All the seven remaining cases were benefited, but required three or four injections to relieve all symptoms."

The doctor concludes this interesting testimony with the following: "Whether or not further experience will show that this method of treatment is of value as a therapeutic agent, it will at least give further evidence

of the non-specificity of vaccines. It does not, however, involve the specificity of vaccines for preventive purposes."

Further reports by Drs. Lusk and Miller in the December, 1916, *Journal A. M. A.*, would in most particulars support the above.

John W. Nuzum, Chicago, in *Jour. A. M. A.*, January 6, 1917, summarizes as follows concerning the "Production of an Anti-Poliomyelitic Serum":

(1) By the process of animal immunization with the organisms regularly isolated from the spinal fluids and central nervous system of human poliomyelitis patients an anti-serum can be produced. Its therapeutic limitations are as yet unknown.

(2) Anti-serum prepared in this manner contains agglutins, opsonins and complement fixation bodies, as well as exhibiting certain anti-bactericidal properties.

(3) It would seem fair to conclude that with potent polyvalent antiserum prepared in this manner some definite therapeutic value might be anticipated in human cases of disease.

"Clinical Experience with the Use of Vaccines in the Diseases of the Ear, Nose and Throat" is the title of an article by George Morrison Coates, Philadelphia, in the *Jour. A. M. A.*, January 20, 1917. He summarizes as follows: "To summarize briefly, the writer feels that if vaccines have not fulfilled all of their early promise, they have at least given us a very effective extra means of combating infection, especially if used in conjunction with skillful and intelligent surgery, and little harm will or can result from their use, even by the novice, provided the injections are given hypodermically rather than intravenously, as in the latter method the reactions are at times exceedingly severe and alarming. In a number of instances, notably ozena, it seems as if vaccine therapy alone might solve a problem, which has been puzzling clinicians hopelessly for years, and until some more efficient substitute is discovered, vaccine therapy has its distinct place as a therapeutic measure in diseases of the ear, nose and throat."

If any comment were deemed at all worth while after this uncomplimentary, half-hearted commendation, it would be to accentuate the desperate condition of therapeutics to such as have pinned all their faith to the new and burned all the bridges returning to the old and as yet better mode of treatment, with all its shortcomings.

David John Davis, *Jour. A. M. A.*, January 20, 1917, says in part: "In certain few diseases, then, the prophylactic use of specific vaccines has been thus far successful in both animals and man, but in the great majority of infections it has not been successful to any appreciable degree. I wish to emphasize this point because it is in prophylaxis that we have the most favorable conditions possible, according to our fundamental principles of immunity for the action of vaccines. . . .

"It was early observed that the vaccination with cow-pox virus during or after the onset of the smallpox had no effect on the course of the disease. Pasteur was well aware of the possibilities of a curative therapy as

well as a prophylactic one, but he reports no results of importance along curative lines. Even to this day it is interesting to note that in the domain of animal diseases, which have been so fertile in furnishing valuable data for prophylactic therapy, there *are no natural diseases known in which vaccines for curative purposes have been of any appreciable value.* Indeed, there is empirical evidence that vaccination just before or during an attack of disease may do harm. Veterinarians are careful not to expose cattle to infection soon after they have received prophylactic anthrax vaccine.

"Koch's work on tuberculosis in 1890 was, perhaps, the first serious attempt to apply vaccine therapy to the human, and it was, as we all know, a failure at that time. Scores of attempts with almost every imaginable modification of the bacillus, including extracts and bodies, have since been made. Biggs states that treatment with tuberculin, on the whole, is being gradually given up in this country. This after a trial of twenty-five years.

"Wright's work was based on the principle of specificity, as was nearly all the work on this subject before his time. . . . Following the work of Wright, careful and scientific as it was, there occurred a flood of commercialism in connection with the preparation of vaccines and bacterial products of all kinds."

Referring to the results obtained by numerous experimenters, such as Kraus, Ludke, Miller, Jobling, Mathers, and others, he (Dr. Davis) adds: "Since these very striking results have been obtained by the use of non-specific protein substances, the specificity of treatment with serums in pneumonia and other infections and with vaccines, especially typhoid fever, as reported by Gay, and in many other diseases in which apparently good results have been obtained, may be called into question." In summarizing, he further says: "The non-specific effect of vaccines is just now probably the most important problem that concerns the vaccinationist. . . . The important domain of vaccines is protective, not curative, according to present data."

In conclusion of this array of testimony, we call attention to some extracts from an article by Ludvig Hektoen, M.D., in the May 20, 1916, number of *Journal A. M. A.:*

"The conditions under which vaccine treatment is practiced have been allowed to change so much since its formal introduction by Wright in 1902, and have acquired in large degree such character, that there are no secure foundations for comprehensive interpretation and final judgment as to the practical value and significance of the results. A hurried review of events may serve to make this point clearer. . .

"In a short time, various practices were introduced which are not in harmony either with the conditions demanded by the primary hypothesis or with the teachings of bacteriology and immunology, and which before long reduced vaccine treatment as generally practiced from a carefully controlled, essentially scientific procedure to one of guesswork and routine. . . . According to the fundamental principles, every consideration but

that of expediency demands that therapeutic vaccines shall be composed of bacteria as little different and as little removed as possible from the strains causing the infections against which the vaccines are to be used. It is evident that in preparing vaccines on a large scale this condition can not be met because the changes in virulence and affinities which take place in bacteria under artificial cultivation can not be avoided. Indeed, there is always danger that with time the specific element on which the desired antigenic effect depends may be lost altogether. There is the further difficulty that the anti-bodies evoked by one strain may not act on other strains of the same species. That this is not placing undue importance on some remote possibility of no real practical significance is shown conclusively by the regular occurrence of fixed varieties according to antigenetic properties in certain species of pathogenic bacteria, as illustrated so well by the pneumococcus. So far as we now know, there are no all-inclusive strains of bacteria causing human infections which might be used to overcome this narrow specificness of immunizing action. In recognition of this drawback to wholesale vaccine making, the polyvalent vaccine was evolved and made to contain so many strains from different sources that every possibility would seem to have been covered. But, after all, this is an unsatisfactory substitute for the fresh autogenous vaccine, which, it would seem, offers the best hope that the indications of each case at all times will be met in the most direct way. The principle of using autogenous vaccine, as the rule, has the further great advantage that to secure it the definite etiology of the infection must be established—a true etiologic diagnosis must be made and there is an end to guesswork."

"*Summary.*—If the presentations in this paper are trustworthy, it may be concluded that the general results so far from the routine use of commercial vaccines, polyvalent and mixed, have no value as evidence for or against the curative usefulness of vaccine treatment, and hence no value, either, with respect to the soundness of the theory on which vaccine treatment primarily has been developed.

"In subacute and chronic localized infections, the results appear to indicate that specific vaccines properly and skillfully used have value, quite likely because they increase the production of specific anti-bodies, as demanded by the theory, but probably also because they stimulate leukocytic and other activities.

"In typhoid fever and possibly also in other infectious diseases, the intravenous injection of specific vaccines and also of other substances may induce crisis and prompt recovery. The mechanism of this action is not fully understood; but as it involves something more than or different from specific stimulation of the production of anti-bodies, it can not be interpreted in terms of the current conception of the action of vaccines. We are entering, therefore, a new and interesting development in the study and treatment of infectious diseases.

"*Vaccine Treatment.*—Looking forward over the development of active immunization by vaccines during the last fifteen years, we appear to be at

the termination of one epoch in the therapeutics of infectious disease. In this issue, Hektoen traces the stages by which vaccines which were first employed with attempted scientific control have come into indiscriminate and unrestrained use, with no guide beyond the statements which commercial vaccine makers are pleased to furnish with their wares. Already most physicians are realizing that the many claims made for vaccines are not borne out by facts, and that, judging from practical results, there is something fundamentally wrong with the method as at present so widely practiced. As clearly shown by Hektoen, 'the simple fact is that we have no reliable evidence to show that vaccines, as used commonly, have the uniformly prompt and specific curative effects proclaimed by optimistic enthusiasts and especially by certain vaccine makers, who manifestly have not been safe guides to the principles of successful and rational therapeutics.'

"But out of this wild period from which we are emerging there have come certain benefits which promise to be more or less permanent. The study of prophylactic immunization against typhoid and other similar diseases has been fostered, and the time of attainment of its present efficacy perhaps hastened; the effects of active immunization in accelerating the development of immunity and recovery in certain chronic localized infections of known etiology have been studied; the search for sources of infection from which autogenous vaccines could be obtained has led to a more careful examination of patients, who have been thus indirectly benefited by having the source of their troubles discovered and removed.

"It has been difficult for most physicians to distinguish between the relatively limited field of prophylactic immunization in which scientifically controlled experiments and carefully observed and analyzed results have confirmed the claims of the method, and the other field of the use of vaccines in which mixtures of bacteria and their products have been indiscriminately introduced into patients suffering from all manner of disease, infectious and non-infectious, acute and chronic, without study of the patient or knowledge of the etiology or pathology of the disease. But the latter use of vaccines can not be condemned merely on the ground of its empiricism. As Theobald Smith has said: 'We can not do without empiricism wholly. We owe valuable suggestions and discoveries to it. These are like clearings in the forest unconnected with other clearings, but destined to become the nucleus of a healthy scientific growth.' When, however, it becomes evident that empiricism has run riot, that it has wholly divorced itself from scientific control, and when, in addition, its results, impartially reviewed, are shown to be unbeneficial, we must conclude that such a clearing has been badly located, and that it never can occupy a worthy place on the highway of scientific medical progress.

"In regard to the more recently developed methods of intravenous therapy in typhoid fever, Hektoen points out that certain new concepts and theories are introduced which need diligent study and correlation before their application to the problem can be settled. Here, again, we find ourselves in another pioneer clearing in an unexplored forest. Only the future can

determine whether this clearing is to become a useful station, or whether a brief existence as a point of interest it will prove to be far removed from the thoroughfare of legitimate travel. Certainly the development here should proceed cautiously.

"Already a similar procedure has been introduced for the intravenous treatment of other subacute and chronic infectious diseases, such as arthritis, and some observers have asserted that the amelioration of the symptoms in the joints following the treatment is sufficient to establish it as a worthy routine treatment. The fact that in the subjects of arthritis and even in normal persons the intravenous injection of bacterial or other protein is followed by a rather characteristic sequence of phenomena of fever, chill and leukocytosis, by no means stamps the method as a justifiable type of empiricism. Indeed, other observers have noted that patients so treated relapse, and that the number of those who do not relapse is apparently no greater than the number of untreated patients who recover spontaneously. Such treatment, ineffective in itself, actually hinders recovery by distracting attention from the search and removal of the cause of arthritis.

"The fact that much time and effort of the past ten years appear now to have been wasted, so far as positive results go, should make us doubly cautious in accepting a new and somewhat similar procedure until the opportunity has been afforded for its verification under conditions favorable for scientific control."

It might seem that we have purposely avoided the opinions of those who might favor this conception of therapy, but it would seem a waste of time and effort to do so, saying nothing of the limits of this article, now growing to great length. In a general comparison of therapeutics as we were taught this subject in our colleges, as we practice it today, and decrying all its possible shortcomings, yet we can see no advantage in changing one uncertainty, as usually practiced by the Regulars, for another coming less well recommended and worse shattered by the scientific scrutiny, to which both are being subjected, than our old well-tried and time-proven therapeutics.

ARE LABORS MORE SEVERE OR INSTRUMENTAL DELIVERIES MORE FREQUENT THAN FORMERLY?

Jennie M. Covert, M.D., Daytona, Fla.

In order to give an opinion which should be somewhat conclusive in reply to these queries, one should have access to the up-to-date records of many lying-in hospitals, as well as the private statistics of many obstetricians of large experience. In the absence of such voluminous data, I am thrown back upon my own resources, viz., observations of labors at first hand, reports of cases and opinions of others in obstetrical practice and also information gleaned from patients in gynecological practice. From the knowledge thus acquired, I conclude that instrumental

deliveries are more frequent than formerly; whether of necesssity more frequent is questionable.

There seem to be two paramount reasons for the increased frequency in instrumental deliveries. One on the part of the profession, the other on the party of the laity.

The last thirty years have witnessed the introduction of practical anesthetic and antiseptic procedures, and hence a growing popularity of surgical methods in medical practice. So, in obstetrics, the tendency and the temptation increases to resort to surgical measures, wherever the situation offers a plausible pretext. So it is that many account for the prestige of it, maybe, and the fee, by the use of forceps, converts his tiresome labor case into a brilliant surgical operation. He cuts short the hours and the pangs of labor and "saves" both mother and child.

As we know, dystocia depends upon some defect in the powers, the passenger or the passages. As through all the ages, the passenger has its variations as to size. Probably in this discussion this factor may be disregarded unless we give some consideration to the fact that infant head development is greater among our highly civilized peoples than among savage peoples, and, therefore, tends to impede progress in labor. For radical causes of dystocia we must look to the mother. In America the generally contracted pelvis is by no means uncommon. Whether this physical deformity is on the increase or not, I can not say. But slight degrees of contraction (actual and relative) are productive of fetal malposition and resultant dystocia. The other element is the character of labor pains (the powers). Here we encounter the frequent uterine inertia and general unfitness on the part of the mother. Faulty physique, anemic musculature afford sufficient reason why child-bearing becomes such a difficult procedure for so many women.

In passing, I would state, as my own opinion, that our prevalent customs in training young girls is not such as to promote easy motherhood. In my own practice, those women who had not conformed from their youth up to the dictates of convention, who, as little girls romped and played and developed their physiques naturally, and who, later on, did not relapse into closely corseted, nice young ladies of indolent habit, under stress of maternity, these women were able to bring forth their young with a normal amount of pain and without that uterine inertia which suggests the use of forceps.

In my gynecological practice, I have made these observations: Many young girls are sexually underdeveloped, as evidenced by certain forms of dysmenorrhea, by infantile inertia. These persons are usually below par in muscular development and nervous control. When married, some did not conceive. Those who became pregnant, experienced severe labors. Among those who had borne children, I have found much trauma of the cervix, malpositions of the uterus, the sequence of faulty involution after childbirth and various sequelae of forcible forceps deliveries.

Dr. Lucien Howe, author of "Universal Military Education," writing

on the need of universal training to improve the country's health, says: "We find the physical condition of the American (male) adult decidedly imperfect. If this be true of that sex, which has untrammeled opportunities for physical activity and every incentive to a vigorous out-of-door life, how much more shall we expect imperfect development in the sex hampered from childhood by the conventions and habits of civilized society governing her manner of living?"

The conclusion of our evidence is that we need not expect labor to be a simple physiological process, but a pathological procedure, to a greater or lesser degree. Parturition to the patient too often means prolonged suffering, effort beyond her feeble power, bodily mutilation, and, alas, somtimes the giving up of life for the new life. At any rate, the laity in general, and especially the parties of the first part, who are the first ones to go through the ordeal, are looking upon childbirth as a very serious affair, and in the harrowing experience turn to surgical interference as the only recourse. They assume that forceps delivery, though terrible, is an absolute necessity. Hence, through the operation of these two factors mentioned in the outset, whether it be that labors are becoming more severe or women becoming more unfit, physically and in mental attitude, to endure labor, it may as well be conceded that instrumental deliveries are more common and more popular than in times past.

It seems fruitless to pass this discussion up without commenting on the obvious inference from the facts in the case. If labor is pathological, if instrumental delivery is not the method of choice but of necessity, if the physical ravages of childbirth incapacitates the mother for further child-bearing, if the dread of the ordeal of maternity, with its penalty of subsequent semi-invalidism, aids and abets "race suicide," if now, in this sanguinary time, it is esteemed the business of women to repopulate the earth, if all these "ifs" are given due consideration, then what is to be done without it? Is it not up to the medical profession to "help these women?" Is not this subject of child-bearing of as vital importance as other problems absorbing the attention of the medical profession? For instance, note the vigorous campaign against tuberculosis, to conserve life and health.

It is the lower strata of society who bear young easily and prolifically and breed "undesirables." These are the ones who need to learn birth control. It is our highly developed, but nervous type of women, who should have motherhood made reasonably easy and safer for them. Dr. Ellingwood shows not only a sympathetic but a scientific attitude toward this subject in his book, "Uncomplicated Pregnancy and Labor." Could his methods be put into common practice, much severe labor would be obviated, as well as need for forceps delivery.

Dammerschlaf (we love German words these days) is a move in the right direction to mitigate the trials of confinement time. Why not improve upon this impractical "twilight sleep" and put in its place the

more satisfactory morphine and hyoscine amnesia as outlined by Dr. John Osborn Polak in the *Journal of the American Medical Association* in September, 1915? A simpler method yet, one unostentatiously used by many an obstetrician throughout our country, is Abbot's H. M. C. method, a combination of hyoscine, morphine and cactin, a method having all the merits of the "twilight sleep" and with no perils to mother and child.

So "get busy" you doctors. Minimize the dangers and the difficulties of child-bearing. Do not ask too much of sacrifice of your best women, but help to perpetuate and increase the finest type of human kind on the face of the earth by popularizing childbirth through comparatively painless parturition.

ABORTION.

R. C. Rodecker, M.D., Holcomb, Wis.

At this time it is not improbable at all that I have any explanation to make whatever as to why I have chosen this topic for a paper. Cognizant of the fact there are very few practitioners that are very solicitous for this class of cases, and at the same time, as one of our teachers styled this paper, "this old but voluminous written subject," it would seem that it was practically impossible to advance anything new, or be able to explain anything further than to say, what is the use of writing on it as the other fellow knows as much about it as I do and possibly more.

Though the aforementioned subject is as old as the hills, and its data untraceable, it is more or less a condition that will follow the human female until time shall be no more. I might add at this time that the cases are not so classical that any physician would care to accept them in practice could he get away from them in his clientele. The surroundings and conditions in which he finds his patient at the immediate call makes it repulsive and repugnant, so that the accoucheur would be glad to give up his fee and let the other fellow have the job, because there is no case that the physician is as poorly paid as this one, and in 99 per cent. of times if he is paid at all it is begrudged. But back to the topic.

Parvin defines it thus: "It is the expulsion of the product of conception before the time that the fetus is viable." We may logically divide it into two classes—spontaneous and artificial. The last named is divided into criminal and therapeutic. But it makes no difference how divided or subdivided, it is all abortion just the same, and each case must be treated on its own individuality of class or nomenclature.

Spontaneous abortion generally occurs in the first three months, and, as a rule, at a time corresponding with what would have been a monthly catamenia. It is said the criminal class occurs from the third to the sixth month, but I am of the opinion it will occur at any old time. The causes of this distasteful condition are legion and will not be in the

power of this writer to enumerate, but to designate a few that are paramount. They may be divided into paternal, maternal and ovular.

Under the paternal we may say syphilis, alcoholism, exhausting chronic diseases, sexual excesses, old age and lead poisoning. The maternal are subdivided into external and internal. The external as violent exercise, traumatism (accidental or intentional), tight clothing, surgical operations, hot vagina injections and baths.

The internal are acute infectious diseases, hyperpyrexia, chronic diseases, especially syphilis, uterine diseases and diseases of the pelvic viscera. Renal diseases, mental emotions, acute intestinal disturbancs, as vomiting, diarrhea and dysentery. Emmenagogue medicines.

In the ovular class, any disease that may cause the death of the fetus, such as diseases of the placenta, diseases of the decidua, placenta previa and infectious diseases.

Symptoms.—In true abortion, we have the characteristic and premonitory symptoms. The premonitory symptoms are never absent after the second month. They are pelvic weight and fullness; pains in the lower abdomen and sacral regions, alternate flashes of heat and cold, chilly sensations, irritability of the bladder and rectum, increased secretion of the vagina.

The characteristic symptoms are hemorrhage and painful contractions of the uterus.

Abortions occurring in the first two months resemble a profuse menstrual flow, associated with dysmenorrhea, continues for four, five or six days, and the product of conception is expelled surrounded by clots or in fragments, along with the decidua. Let me state at this time that it is my opinion that after studying the history of your case, that a goodly number of them are premature placenta previas which are terminated spontaneously by old Mother Nature, saving your patient a dread ordeal at a later period and which might prove fatal to her, and at this time it does seem to me to be the only Godsend in this condition. All others are relegated back to the dark shadows of doubt.

The farther our patient is advanced in pregnancy makes her case easier to handle. The hemorrhage is never so severe, and she does not become exsanguinated, because in abortion occurring prior to three months generally the ovum is finally expelled entirely, and after three months the ovum ruptures, the fetus is expelled and the appendages are retained for a greater or lesser time according to the hemorrhage, and is termed an incomplete abortion.

Hemorrhage is less likely to occur the nearer abortion goes to the seventh month, because the decidua is more easily expelled than in earlier abortions. After the placenta has been formed, the hemorrhage occurs from the placental site, but before that it comes from the whole uterine cavity.

Treatment.—In abortion, our treatment can be classified under three heads—prophylactic, treatment of threatened and treatment of inevitable

abortion. Under prophylaxis our field is large in Eclectic medicine and sums itself under one little axiom, which Eclectics follow in all of their practice, "to treat the cause." If we suspect anything of a specific nature, treat your case on that basis thoroughly. I am not going to enumerate what you should use as you are acquainted with that regime as well, if not better than I am. The patient should avoid all violent exercise, especially at the time she usually aborts; she should rest in bed at about the time of each menstrual epoch and govern herself accordingly each month. Personally, I like to see all of my cases take all the outdoor exercise they can and do all their housework up to the hour labor sets in. But the heavy arduous part of her household duties are to be denied and eliminated, such as washing, scrubbing and lifting heavy, weighty commodities. Intercourse should be strictly forbidden, riding in lumber wagons or autos never permitted. If anemia is present, put her upon some good treatment that will increase the hemoglobin, and, above all, do not forget to give her viburnum prunifolium in one-half to one teaspoonful doses, four or five times a day, as long as she is pregnant. If you can tide her over the fourth month by careful treatment and advice, the danger is greatly reduced.

In threatened abortion, if you have not been treating the case before, or, if you have, make an examination per vaginam (under strict aseptic precautions). If you are able to find the membranes intact or there is a uterine displacement, correct it and treat your case symptomatically. Place her in bed, enjoin quiet and rest, elevate the foot of the bed a little, and administer a hypo of H. M. C. half strength, and, if that is not sufficient, in a short time administer another. This should be sufficient to control the pain and spasmodic contraction of the uterus. Internally give her

℞ F. E. Viburnum Prun;
F. R. Dioscorea, 5 ss.

If there is a little oozing, add ergot, m. iii, hourly. If she is hysterical, add your gelsemium and pulsatilla. If there is any tendency to vomit, alternate the above with

℞ Phenol Carb., m. 1/10.
Dil. H. C. N., m. 1/3.
Bismuth Subnit.
Cerium Oxalate, aa, gr. iv.

Keep her quiet. The urine should be voided in a bed pan, and the next day the bowels should be moved with a warm enema or a good dose of Arom. Cascara Sagrada, providing there is no diarrhea or dysentery present. Keep her in bed a week after all symptoms have disappeared, and, if there is a recurrence, send her back to bed again; follow up your treatment same as before.

After you have instituted this regime and abortion seems inevitable and it can not be stopped, your first specific indication is to control the hemorrhage and empty the uterus as quickly as possible. To meet these indications, the tampon and pituitrin are to be used, and treat the case expectantly.

The tampon, after being applied through a large bivalve speculum, should be left in the vagina eight to twelve hours, and the whole vagina must be packed and a good, snug T binder applied. If the hemorrhage continues, it must be replaced. Usually after tamponing the vagina and removing it, the fetus and secundines will be found lying outside of the uterus, next to the tampon in the vaginal canal. Sometimes the decidua has descended into the cervical canal, and by expressing the uterus and asking your patient to bear down it will be expelled in its entirety. By following this plan, if you are called early enough, you will usually experience little or no trouble; but if the fetus has passed and the placenta remains in situ, if after packing the vagina and exhibiting pituitrin it is not expelled, you must proceed surgically.

Quite a number of times it will not be necessary to administer an anesthetic, but if the cervix is rigid it is better to do so and dilate with any good dilator. I forgot to mention that you must cleanse the vagina and adjacent territory thereto with a good antiseptic solution, and follow the strictest antiseptic cautions. With a half spiral or blunt curette, or your finger, never use a sharp curette, attempt to separate or peel off the remaining placenta or fragments. With a half spiral you may be able to turn it all loose in its entirety, but it is better afterwards to use a dull, rinsing loop to see if the cavity is clean. Use a mild carbolic solution or some form of glycothymoline to rinse with. Drainage is rarely necessary in the latter months. Place her in Fowler's position, but in the earlier months use a strip of gauze for drainage, after cauterizing the cavity of the uterus with 95 per cent. carbolic or iodine. Next morning the pulse and temperature, being normal, give a good antiseptic douche and a tablespoonful of castor oil and ten drops of turpentine once, and keep her in bed for two weeks at the shortest.

In complete abortion, do not give an intrauterine douche unless symptoms of septicemia occur. The dangers of abortion I am not going to deal with or enumerate, as that comes under another inexhaustible topic and as lengthy and tiresome as this one. But treat your cases Eclectically, and, though the job is distasteful and irksome, success will always be yours if you follow your specific indications in this condition as well as any other.

ERYSIPELAS—A CASE.

W. Van Nette, M.D., Clyde, Ohio.

Several months ago I got some infection in my right eye, which did not yield to treatment. This continued for nearly two weeks, when it spread out over my face, when I discovered erysipelas was the trouble. In the meantime, I had spread it over my face, neck, back, breast, etc.

I applied tincture of iron chlorid with glycerine, and right then I discovered what a painful treatment it was. About 50 per cent. tincture of iron was about as strong as I could bear, except a few places not quite so

tender could bear the full strength. Then applied a non-irritating antiseptic ointment and covered with a mask of gauze and cotton. I could not bear the cotton to touch my face, but could the gauze covered with cotton. I also kept a screen nearby to keep off drafts of air. Would clean off and apply again. But the itching became intolerable.

I finally tried *hot* water, which gave relief; then hotter, and still hotter. until it was almost boiling hot; applied with towels, which, when continued for an hour, gave complete relief.

But the infection was not killed. Again I applied tincture of iron and glycerine, and again every day or so the *hot* water, and later followed with antiseptic oil and rubbed it down; then go all over it again. The *hot* water always gave relief; cold always made it worse.

Four applications of the exceedingly *hot* water was used. After that not so hot. Would rub the face with antiseptic oil and massage the eyes, and work out irritant matter, which felt like dirt. The *hot* water seemed to open the pores of the skin and let out the poison, and also let in the tincture of iron. Kept the bowels open by cathartics and enemas every day. For internal medication, apis, echinacea, laxatives. Body bathed, clothing and bedding changed. For six days I did not sleep six hours, and it was ten days before I was free from the infection. Both eyes shut, and for once in my life I had the "big head" right.

For the inflammation in the eyes I used a solution of Mulford's tablet, called "conjunctivitis," composed of extract adrenalin, zinc sulphocarbolate and boric acid, which gave best relief for the eyes of anything I tried. The kind I had was the bee sting variety. There is another that has a margin, much like the picture of land and water on a map.

About a month later I bumped my nose in the dark, breaking the skin. In a few days erysipelas again appeared. I then applied pure carbolic acid, and followed this with antiseptic oil. This repeated, as needed, I found to be better treatment than the tincture of iron and glycerine, and nothing like as painful. In a couple of days I had it eradicated. But in a month it again appeared, and again was soon controlled by the carbolic acid, alcohol and antiseptic oil treatment.

I have had two other cases since in which the carbolic acid, alcohol and antiseptic oil method was used, and with best results.

Erysipelas in small children is nearly always fatal. But with my experience with the carbolic acid, alcohol and antiseptic oil treatment, I believe I could be successful.

The treatment is nothing like as painful as the tincture of iron plan. It can be repeated as often as required. By applying the alcohol, the pain and burning of the acid immediately stops; so this can be repeated as often as desired, with little pain and good results. And the plan of using exceedingly *hot* water for the intolerable itching I shall never forget.

DISCUSSION.

Dr. R. J. Lambert, Chicago: I would suggest that with hypodermic echinacea or echinacea locally he would not have suffered so long. I had a

little experience myself, having infected my face from a case of streptococcus infection. I tried mixed bacterins for four days and grew progressively worse, so I decided the treatment was not satisfactory. I had my wife give me a hypodermic of echinacea—25 minims subcutaneously—and applied a 50 per cent. hot echinacea dressing to my face, changing every two hours to ichthyol and glycerine, and in three days I was able to be out. Altogether I was sick about seven days.

Dr. J. J. Martin, Bucyrus Ohio: I think if you will try pure alcohol and keep well saturated you will be well pleased with the application.

Dr. S. F. Welty, Hicksville, Ohio: I wish you would bring out the antiseptic oil. I have tried an antiseptic oil put up by a Columbus firm, and it is very satisfactory. We had quite an epidemic in our section, last winter, very bad cases, and I controlled it nicely with antiseptic oil. Of course, I pushed the echinacea internally and stopped feeding the patients.

Dr. W. N. Mundy: Why use an antiseptic oil when you do not know what the ingredients are? There is nothing better than the old preparation of Dr. J. M. Scudder—salicylic acid and biborate of soda in water. It will beat any antiseptic oil, and we know what we are using. I do not believe in using any proprietary medicines; simply use a dram of salicylic acid and a dram and a half dram of biborate of soda in one pint of water. I have never found any antiseptic oil better than that. It is old, but it has not lost its virtue.

Dr. J. H. Burnett, Fremont, Ohio: I had one of the most serious cases of erysipelas I have seen in thirty-six years' practice in the last month. It was face, head and ears. The application I used was ichthyol, iodine and glycerine.

Dr. F. L. Wilmeth, Lincoln, Neb.: I want to mention specific indications for tincture of iron in erysipelas. There are many antiseptics that have been mentioned, and no doubt very excellent ones. We all know that no one antiseptic will answer in all cases, but tincture of iron, one-half dram in four ounces of sterile water, is a very excellent local application. That remedy has not been mentioned. Many of these remedies are antiseptic, but the specific indications are not pointed out. I would suggest that we all look closer and see if we can not find specific indications for these other remedies.

Dr. Wesley Van Nette, closing: The object in writing this paper was to bring out the point that tincture of iron is an old remedy, but the objection I found was the intense pain. It does the work all right, but if you ever use it on yourself, you will object to it.

The next point was the hot water. That was a discovery of my own, and it did the business. Try it and you will be surprised.

The third point was the nice result with the carbolic acid and alcohol. That does the work nicely.

ECLECTICISM.

John Uri Lloyd, Phar.M., Cincinnati, Ohio.

The word "Eclectic" means to take that which is best and give back that which you have. Never an American drug was discovered by the Eclectic school that was not given to the world under its proper name. Never did an Eclectic physician forget that he was giving to the world something that the world needed. It was an American school of medicine. It is the school of

medicine that has been loyal to America for over seventy-five years. It is now beginning to be comprehended. Those who could see no good in it in the beginning are now beeginning to comprehend Eclecticism.

Our school practices medicine as they have practiced all these years with scarcely a ripple. Others are torn and racked because they can not get the medicines they have been accustomed to get that came from Germany. I do not like to say it, but nevertheless it is a fact, that these German products did not get the opposition of the universities of Amereica. Have American medicines ever received a helping hand from these universities? Am I right or wrong? (Cries of "Right, right.") Who is to blame for that? I am not criticising any one, but I want to show to you, young friends, that he who works and waits and watches will succeed. We patiently waited and watched, and we have succeeded. In the office of every doctor throughout the country you will find our medicines today. You will find that the name Eclectic is no longer one that cannot be mentioned. You will find them holding up their heads. But in it all I desire to call your attention to the fact that we have a duty to perform. Not one sliver of vegetation that is known in the United States is yet investigated to its limit. Other schools in medicine search in other lines. This is our field. They have granted it to us. They have admitted it is our duty. I see here today some who have graduated lately, others who will graduate soon. With you rests the responsibility of the future. You must care for humanity—you must give, you must stand up and take. You must do more; you must not accept the idea that to belong to the majority is the place where you can do the best work. The majority takes care of the helpless; but the minority—where men have to be men—there is where it is more pleasant to be. If we are true to our trust, I have no doubt that in the future, say thirty years from now, if I could be here I would see perhaps a new building, but the ideals that pervade us today should be the ideals of those future years. So I say to you, go out into the world and investigate, take the word Eclectic and lift it up. And you will make no mistake. That will be the record of the future, as it has been the record of the past, and is the record of the present.

Now we are comrades. We have been told that the people of the whole United States are now comrades. You will find that when you go into this great war, as some here today are going, that you will have as comrades those of other schools. They will bring something to you and you will give something to them. When the war is over they will be more friendly, perhaps, than now. The war will be a leavener, a leveler; it will uplift and give us opportunities for self-sacrifice. We must all make sacrifices, and I predict that the Eclectic school will be foremost in the sacrifices that have to be made for humanity. That has been our ideal since the day of its birth.

Now the text that I hope you will take home with you today is this: That the great cause in which the country is now engaged is the cause that we have been engaged in our whole lifetime, and that it is our part to take an important part in this great work. We must sacrifice in every direction

possible in behalf of this great work, which means not America alone, not any one state alone, not any one country alone, but all humanity.

I wish I could read for you some of the letters that my son has written to tell you what we would be up against if it had not been for Great Britain's fleet. If it had not been for her standing between us and these people, who would have come to our shores, and if we had not gone into this war, let me say to you that, regardless of the way the war should have gone, we would have been up against them alone. As it is now, there is no question of the result. We will be true to our faith, our country and our people, and you will find more of these young people wearing the suit that we see here today in hospital service and in war service of all kinds than perhaps this country has ever known before.

I tried to enlist, but they said they would not have me, that I was too old—three score and ten practically; but they said, "We will get you before we are through, if we need you." I said I was a home guard during the Civil War and I am a home guard now, so why can I not enlist?" But they said, "We will get you next time—you will have to be excused this time."

But we all have enlisted to do the best we can, and I say that the people of Nashville, the Eclectic physicians of Nashville will do their duty, the Eclectic physicians over all of this country will do their duty, and the Eclectic school will go on giving to humanity as it has in the past. I thank you.

DIPHTHERIA.

H. S. Lowrance, M.D., Chebanse, Ill.

It is not our purpose to enter into a discussion as to the etiology, pathology or any other "ology" of diphtheria, but where a patient *has* an *attack* of *that* disease, the *treatment* by subculoyd lobelia for *that* disease, in preference to any *other* remedy, is the theme of this paper.

As all Eclectics should be, they are continually on the watch and working for new medicines and trying to have, so far as possible, single or specific remedies instead of combinations of remedies in treating diseases. I believe it to be true, and all will agree, that diphtheria in any of its forms is a very treacherous disease, and the sooner one can get the better of that disease, the more chance of life for the patient. What remedies of the Eclectic School of Medicine are said to effect a cure? What combination of remedies, if any exist, has been brought forward, claiming to be the best in that disease? Those of us who are in the "older class," remember that not so very long ago we used aconite, veratrum, chlorate of potash, asclepias, iron, quinine, putting applications around the throat, and we did good work in those days. Then came antitoxin, or, as many doctors, yes, and some of them Eclectics at that, call it horse serum, and now lastly has come subculoyd lobelia.

Undoubtedly you are all familiar with the serums and also lobelia, for lobelia has been in our school for many years. We have been told by the

very best of authority, just what subculoyd lobelia is, how it is made, and some of our literature tells us in what diseases it is so good, and praise it highly in many troubles that come to us mortals. I very frankly admit that in certain diseases it is a most excellent medicine, but to the question, is this remedy a god one to combat that dread disease, diphtheria, or is it a remedy that you can rely upon in diphtheria, I answer *no,* at least not in the most severe forms. Should we be satisfied with a remedy like that? Again I say, *no.* As we are the most progressive school of medicine, we have as our motto, "Select the good, reject the bad," and it is a good, reliable motto to follow. It matters not to us where we get our knowledge, the main point is to get it, then apply it for the good of mankind. I fear that there are some doctors who do not tell of the failures that they have made in the use of certain new drugs, but tell only of the good that they have accomplished. It may be that I am one who wishes to keep in the procession, too—in the use of a new remedy—but I will get out just as soon as I find out that the new remedy is of little use, fad or no fad.

I will tell of one case—although I could tell of more than one—of diphtheria, being treated with subculoyd lobelia. I was called last March to see a seven-year-old boy, who I was told had a slight sore throat. He had been attending school every day, but he was indisposed, listless, and this for him was a surprise, for he was usually a bright child, full of life. Upon examination was told that he had a chill two days before but the parents did not place much dependence in that, but that he said "my throat is sore." The eyes were weak and watery, pulse rapid, breath offensive, bowels constipated, and wanted to be let alone. In looking into the throat, the ashen-gray patch of diphtheria was well over each tonsil. We had the child put to bed and a sheet tacked at the top of the door of the bedroom reaching to the floor, and this was kept wet with bichloride solution, day and night, during the illness of the child. No one was to be permitted to go into the room except the grandmother, and she to keep away from the other members of the family. The other children were to be kept from that part of the house, and the premises was quarantined. To be on the sure side, I took swabs from the throat and sent them to the laboratory for examination and an early report. I left, expecting to return in about an hour, but in the meantime, the family, being uneasy, called in another physician, who promptly told them that the disease was diphtheria and refused to have anything more to do with the case, as he feared "his treating diphtheria would prevent him from attending other patients." In about one hour I returned and gave 45 minims of subculoyd lobelia. I also left Specific Medicine Aconite, ten drops, Specific Medicine Echinacea, thirty drops, Specific Medicine Phytolacca, ten drops, in a four-ounce preparation, and ordered a teaspoonful every two hours. In six hours, I saw the patient again and there was no improvement but the patient was worse. I had by this time received the report from the laboratory stating that the disease was diphtheria. In trying to examine the patient, we found the diphtheritic membrane had extended into the posterior nares; breathing was more difficult; patient

fought when we wished to closely examine the throat, was very restless, crying, and very ill-tempered. Gave 45 minims more of lobelia and continued the internal medicine. Next morning, no improvement that I could find, but worse in every way; nose and throat full of the membrane, and the patient refused to take any more of the internal medicine, claiming that he could not swallow. I gave him 60 minims very slowly and ordered a spray of good antiseptic solution thrown into the throat and nose every two or three hours. In four hours I gave 60 minims more of lobelia and anxiously waited for good results. At 2:30, or three hours after giving the last dose of lobelia, the patient turned over in bed, gasped once and was dead in one minute. The family called another doctor, as I was out of town, and he told them—so the father said—that the poison in the boy's system killed him, and the family to this day say that I killed the boy by using the medicine that I did.

That evening, a little daughter was taken with a sore throat, and, fearing trouble, I gave her 3,000 units of antitoxin, for there was a light-colored membrane in the throat, and next morning, 1,500 units more, and I did not give any other medicines. She got along nicely, but her left eye was crossed and she had a strong nasal twang to her voice. Time and care has removed all the trouble at this time and she is strong again.

Now, a few words regarding lobelia. What is one of the best indications for the remedy? Rigidity. Now, where a relaxed condition is desired, as in tetanus, rigid os, stricture of any part, croup, asthma, these are some of the diseases where this is an excellent remedy, but diphtheria is not that kind of a disease. Diphtheria is a blood or systemic trouble, and manifests itself in the throat and nasal passages. You may have seen, as I have, an abrasion of the hand, face or body, and oftentimes this ashen-gray membrane will show on the sore. As this is true, you will see that diphtheria is not a throat affliction alone and must not be so treated. When the disease has been checked, and the patient will want to cough to throw off the membrane from the throat, then a dose of the remedy, lobelia, will do good, and the patient will often cough up a fair cast of the throat in this membrane, but until the disease is checked I do not think lobelia is the remedy to use.

I am not offering criticism to any who wish to use lobelia in this disease, nor am I opposing the remedy in other diseases, for, as I have said, it is an excellent remedy, when indicated, and the subculoyd is the best preparation of lobelia that we have; but until we have a better remedy in the treatment of diphtheria than we now have in antitoxin, the horse serum is good enough for me in treating this disease.

Lakeside Hospital, Cleveland, Ohio, receives $200,000 by the will of Washington S. Tyler, Cleveland, one-half of which is to be used for constructions and the income from the other half for the maintenance of the maternity, to be conducted in connection with the hospital.

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Snyder, Houston E., McCall.....

ILLINOIS.

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Heisler, O. L., Elkhart
Hockett, C. P., Kouts
Jones, J. H., Jonesville
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Kincaid, S. F., Columbus
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Reasoner, W. S., Swayzee
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Von Lackum, H. J., Dysart..... Exe
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DELINQUENTS.

Barnes, Theodore, Chariton.....
Box, J. C., Ottumwa.....
Brown, Wm. E., Cedar Rapids.....
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Horner, J. B., Lamoni.....
Miller, Eva, Danville.....
Moorman, C. T. Packwood.....
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KANSAS.

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Artman, B. E., Cheney.....
Baird, Jay, Coffeyville.....
Baird, O. C., Chanute.....
Billingslea, L. W., Clement.....
Blank, J. T., Elk City.....
Branson, C. P., Harper.....
Brinkley, J. R., Fulton.....
Bronson, D. E., Olathe.....
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DeMarr, L. H., Olivet.....
Earnest, W. M., Washington.....
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Griffith, T. K., Kanopolis.....
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Howell, A. D., Bronson.....
Hunt, W. D., Emporia.....
Jaques, S. N., Edmond.....
Jones, P. L., Lenexa.....
King, J. P., Opolis.....
Lazenby, B. F., Baxter Springs.....
Machette, G. H. McPherson.....
March, S. F., 1221 Garfield, Kansas City.. Exe
Massey, R. E., 312 Lake St., Topeka.....
Meckfessel, F. G. H., Albert.....
Musick, J. D., 206 W. Central St., El Dorado..
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Patterson, B. J. Pratt.....
Rabin, J. N., 9th & Minn., Kansas City.....
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Welch, C. I., Clyde.....
Williams, Z. C., Kansas City.....
Woodward, J. J., R. R. 2, Olathe.....
Youngberg J. E., Ottawa.....

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Faussett, Guy F., Harper.....
Gladman, W. R., Tonganoxie.....
Gress, P. C., Atchison.....
Hare, William E., Lane.....
Hoover, E. M., 2d Ave. and Chestnut, Halstead.
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Jones, C. H., Galena.....
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Locke, G. E., Holton.....
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Maxey, Joy, Hall Bldg., Kansas City.....
Michener, R. E., Mulvane.....
Miller, J. A., Marysville.....
Murphy, S. H., Yates Center.....
Nutter, E. R., Burr Oak.....
Payne, O. C., Humboldt.....
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Sams, Clement E., Haven.....
Sanderson, I. E., R. 1, Monmouth.....
Scott, J. E., 2212 W. 12th, Kansas City.....
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Shaffer, Joseph, Simpson.....
Steinhauser, Wm., Hamlin.....
Webster, C. S., White City.....
Wimmer, Henry, Atwood.....
Wilding, F. K., 27th and Brown, Kansas City..
Wolf, C. S., 610 Kansas Ave., Topeka.....
Youmans, J. F., Pratt.....

KENTUCKY.

Acton, T. J., Eubanks.....
Burrows, R. C., Cunningham.....
Crabtree, L. R., Akersville.....
Duvall, W. N., Sebree.....
Evans, T. A. E., Farmers.....
Everly, G. L., Rockport.....
Farabaugh, J. A., Clinton.....
Fuller, G. T., Mayfield.....
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Johnson, F. L., Livia.....
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Shultz, J. H., Jeffersonville.....
Simpson, F. N., Milburn.....
Smiley, M. L., Catlettsburg.....

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Coffman, J. M., Owensboro.....
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McGinnis, G. W., Hoods.....
Messer, J. B., Freestone.....
Miller, J. W., Warnock.....
Nichols, W. E., Fullerton.....
Robbins, L. F., Salt Lick.....
Simpson, L., Lowes.....
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Wise, W. P., Lee City.....

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MAINE.

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Brooks, Wm. G., 359 Boylston St., Boston.....
Buck, C. E., 168 Huntington Ave., Boston..
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Russ, O. C., Lake Odessa.....

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Van Epps, R., 2618 Charlotte St., Kansas City.
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Wilson, N. G., Greenville.....
Younkin, Edwin, Villa Ridge.....Exe
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Meredith, O. O., Breckenridge.....
Merwin, G. M. D.,, St. Louis Co., Overland..
Myers, O. A., Coldwater.....
Nichols, Robert, Hume.....
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Rohback E. C., Flat River.....
Schaumleffel, H. G., Gifford.....
Seashultz, G. W., Joplin.....
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Barkey, V. S., Havelock.....
Bennett, Isaiah, Wilsonville.....
Burke, W. A., Omaha.....
Campbell, J. N., Stamford.....
Caruthers, P. J., Lincoln.....
Charlton, C. P., Bennett.....
Cummins, H. B., Seward.....
Culver, E. J., Friend.....
Davis, Clyde, 206 Funk Bldg., Lincoln.....
DeOgny, P. A., Milford.....
Egbert, C. L., Hastings.....
Guttery, W. D., Norfolk.....
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Housel, C. L., Ansley.....
Johnson, H H., Winnebago.....
Johnson, W. T., Pawnee City.....
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Palmer, D. S., Holdredge.....
Piersol, M. R., Cairo.....
Potts, Madge, Broken Bow.....
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Rizk, J. J., Waverly.....
Robinson, Amy, Hastings.....
Rydberg, Chas. A., Litchfield.....
Skinner, A. O., Denton.....
Spealman, J. F., 1012 O St., Lincoln.....
Stewart, S. I. Hastings.....
Stiles, H. H., Lincoln.....
Swartwood, F. M., Lincoln.....
Wagner, G. H. Doniphan.....
Wilmeth, F. L., Richards Block, Lincoln.....
Wilmeth, H. D., Lincoln.....
Wright, F. T., Ceresco.....

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Bowman, J. E., Loop City.....
Buchanan, Rea, 1315 N St., Lincoln.....
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Carrriker, M. A., Nebraska City.....
Case, J. D., Dorchester.....
Charlton, G. E., Ingleside.....
Coleman, A. L., Ewing.....
Conrey, A. D., Neligh.....
Deffenbaugh, M. H., Grand Island.....
Doher, T. L., Hubbell.....
Dugan, W. F., L. B. 17, Ulysses.....
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Bowles, Thomas, Harrison.....
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Brubaker, M. M., Covington.....
Buck, B. B., Waterville.....
Burnett, J. H., Fostoria.....
Campbell, Chas. R., Newtown, Ohio.....
Campbell, R. O., College Corner.....
Carey, W. H., Canby Bldg., Bellefontaine.....
Carey, W. W., Cuyahoga Falls.....
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Hauver, Mary E., Jackson Center.....
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Hubbard, R. B., Sandusky.....
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Hull, J. Scudder, Hicksville.....

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Shortage of Physicians in Great Britain.

Comment in *Brit. Med. Jour.* (Sept. 29, 1917, p. 428), shows that for the next few years the annual output of physicians from the British schools will fall below the normal annual decrease in times of peace. The shortage of physicians will be even more marked hereafter owing to the pressing demands of the army service and casualties resulting in that service. The normal annual decrease in the number of physicians is placed at 900. Figures collected recently show that only 900 men each year are due to qualify in 1917 and 1918. The shortage will be still more serious in 1919, 1920 and 1921, when, respectively, only 519, 800 and 700 physicians are due to qualify. It is said the supply of physicians for the need of the civil population has already been reduced to the minimum consistent with safety. All the new additions to the ranks of the medical profession are to be at once requisitioned for army medical service so there will be no reserves to make up the annual depletion from deaths and retirements from practice. The outlook for both civil and medical services in Britain, therefore, is quite unsatisfactory. Even the demobilizing of medical students now in the ranks so they can return to the medical schools and complete their training, a measure now being planned, will fall considerably short of meeting the requirement.

Child welfare units made up of trained pediatricians and orderlies are regularly leaving the United States to conserve infant life in France.

The National Eclectic Medical Association
QUARTERLY

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ORGANIZATION.

During the past ten years much has been said on this subject and we have had some practical experience in such work. We have kept this question before you rather persistently, believing in its importance, and results seem to have justified our efforts and expenditure of time. Generally speaking, any advancement must be along well thought out lines, and this presupposes management and organization to attain desired objects.

Our people are undergoing great changes. From a peaceful and peace-loving and peace-cultivating nation we have suddenly had war thrust upon us and have taken on the war-like preparations necessary to the occasion and rapidly has this grown to staggering proportions. Necessity brings about new organization of the army, its means for equipment, supply and maintenance. Resources as well as production must be conserved and organized to care for the enormously increased army and navy. Red Cross organizations are wonderfully enlarged and on a war footing, societies and lodges of many and all kinds are vieing with each other to do their bit in the absence of men, their possible death or disability. In truth, every walk of our heretofore peaceful lives has taken on an activity little thought of two years ago, and no one is free from the burdens and exactions of the times.

The reorganization of our army, its phenomenal development from a few thousand to millions, has necessarily revolutionized former methods, and this is being felt in our very households, where the saving of food, fuel and clothing are but the natural results of care in protection of the army and our allies. Great organization of wealth, such as never before was dreamed of, has suddenly sprung into existence, and we are not only literally feeding much of the world, but are actually providing money for

it at the same time. All central organizations must be—in truth are—supported by smaller ones and they by the multitudes, each and all contributing in its and their way to the general good.

In our civil life, where this activity has existed, it has attracted little attention because of our familiarity with it. Really, we little think of its import except on certain occasions when some particular object is sought and an organization at once springs into existence to attain it.

Since we have it forced upon our attention, we can but marvel at the vastness and necessity of organization. We can not and do not, nor will we, as a people, neglect or ignore the duty we owe to previously existing organizations, many of which are now more vital than at any previous time. No people would lose sight of its homes, towns, counties, states and nation —all mutually interdependent. Our present position in the world depends upon the perpetuation of our institutions and their advancement.

This brings us to a brief consideration of our medical societies. Our present efficiency in practice and effectiveness as pioneers in medical reform movement depend primarily on the underlying principles and service rendered to mankind. Working lone-handed, we should never have risen to a position deserving public notice, and much less should we have leavened public opinion. To preserve our institutions we must perpetuate our organizations and develop their effectiveness. This can not be done except by the loyal support of those who have profited by the teaching our system has fostered and promulgated. It, then, should be unnecessary for us to ask you to unite with your state society and National Association, or, if now members, not to wait until the tax collector reminds you of delinquency. The time and means of the organization should not be expended in efforts to collect that which you owe by voluntary membership; rather you should anticipate.

It is now time to think of our coming meeting at Detroit. Arrangements are rapidly being perfected by our entertainment committee for our comfort and enjoyment. But it is up to the membership to make the meeting profitable. The list of section officers is complete and will appear in this issue of the QUARTERLY.

Notwithstanding the duties incumbent on the members who are selected as section officers to solicit articles for the National meeting, any member should feel free to exercise the privilege of preparing an essay to be read and discussed if he attends or to appear in the official publication in any event. Do not wait to be solicited. You no doubt have some valuable experience which is worth discussing and a place in the thought of others. You have made peculiar and successful use of some means for relief or cure; let us know of it. You may have corroborated the experience of others and can thus fortify the value of and place of some remedy. You are a success in your practice or you would seek other means of living, and it is not only your privilege but it should be an agreeable duty to add to the medical knowledge and advancement.

No one liveth unto himself. You must have drawn freely from the

thoughts and lives of others; now let us have your contribution. Select some subject in which you have great interest. Develop it or some idea which has dominated your medical career; give as well as take, because we should willingly pay some interest on that which we heve borrowed from the medical world. The title of your paper, your name and address sent to either secretary will insure your name in the proper place in the program, provided you send them on or before May 1. Fraternally,

Wm. P. Best, M.D.,

610 Newton Claypool Bldg., Indianapolis. *Pres. N. E. M. Ass'n.*

SPECIFICS.

Specifics in medicine are being much sought, but the principles underlying such medicines are ignored or lost sight of. We note in translations from *Archives de Medicine et de Phar. Militaries,* Paris, "Specificity of Antiseptics," "Taylor remarks that two years of observation of persisting infection in several thousand cases of war wounds have convinced him that this branch of medicine has made but little progress." "Even today it is impossible to say 'this is the proper method in treating an infected wound.'" "He attributes this to the scant attention hitherto paid to the individual characteristics of the different antiseptics in relation to the characteristics of the bacteria in the wound."

This use of modern phraseology, technical terms, is the only feature of this remarkable admission which serves to distinguish it from statements made in the writings of Dr. J. M. Scudder, which are so famliar to all Eclectics.

The extensive search for specifics in the treatment of disease but accentuates principles long since laid down by our great writer. Slowly the truth impresses itself upon those bent on fitting facts to theories. The fact long recognized by our school—that the remedy must be fitted to the conditions—presupposes a careful and discriminating study of the latter; in short, specific diagnosis, after which the remedy becomes such (and is specific) because of its power to overcome or correct existing "characteristic" conditions, be they bacteria or what not. This is very different from having a "general antiseptic" to apply to each and all infections regardless of "the characteristics of the bacteria in the wound."

The principle of specificity was, originally, the foundation of the idea of vaccines, so-called. In this method of combating disease, the specific bacteria (specific diagnosis) in each disease or infection was to be isolated and the patient cured by the specific bacterin (medicine) to be developed by specific cause. While this object has not been fully attained, specificity has none the less been sought. If it were possible or practicable to carry out the use of autogenous vaccines or bacterins and the principle governing the use of sera, yet serious questions have arisen concerning the specific effect thereof, especially in the intravenous administration of such agents. It seems conclusively proven by the friends of this idea that all the phe-

nomena following the intravenous injection of these substances are caused by the introduction of the foreign protein regardless of its derivation, and that the idea of specificity is for this reason no longer tenable.

But the search for specifics goes on. All specifics thus far exploited have proven either relatively specific or a total disappointment when originated and developed on the basis of a disease as such. Even salvarsan—once thought to be, and the world widely advertised as a positive specific for syphilis—has its limitations, possibly due to certain individual characteristics or conditions yet to be positively determined. Once its real indications are learned, its positive sphere of activity and its specific application is known, then it will find its proper place among specifics for conditions and these conditions must be specifically understood.

Wm. P. Best.

MEDICAL SOCIETY EFFICIENCY.

The management of any corporate interest has two factors of importance to keep in mind—investment and output. The former is essential for the existence, and the latter for the perpetuity of the business. The latter is governed by efficiency.

How is your state organization? You have invested in it; certain results will follow if efficiency characterizes its management. Are your officers efficient? If they are, I know how your society is thriving; but if you have ceased to thrive, I also know your officials do not measure up to the needs. If they do not, and they are re-elected year after year, then who is to assume the responsibility? Where is the fault? It certainly is to be deplored if the executive committee does not do its duty, but the membership, in this case, is primarily to blame. Would you elect and re-elect a set of directors for your bank when you know they do not and will not attend to the duties the position implies? Do you not think it is time to use some business principles in your state society? Can you reasonably expect it to thrive if your officers are derelict in duty and you take too little interest to pay your dues, attend the meetings, and see to it that you have manned your offices with men who will act throughout the year? A society may be strong, active and profitable if only a handful of determined men or active members attend. If this number will work the society will grow, its influence be felt, and the meetings will be pleasant and profitable. There are several of our state societies which need to think of these things and to act upon these suggestions. The society will not organize and run itself; if you pay your dues and do not attend the meetings, your cold dollar will not do very much more good than you are doing.

You must be efficient in your practice else you would not be long wanted in the homes of your patrons. Why be any less efficient or have a society less efficient? The society is a valuable asset; it has a real value. Its stock will appreciate or depreciate according to the management or efficiency of the officers and members. How many there are who gladly join our so-

cieties when they are in need of assistance or a friend; how soon thy think of the state society when reciprocity is desired; how ready a man is to ask recommendation if he wants to be an examiner for a life insurance company or surgeon for some railroad company! If the society is good enough, is valuable enough to serve you in such instances, would it not be more becoming to be a booster and aid and a worker for an efficient state organization and a National body which has the interests of the cause in mind at all times? The society is yours if you are a member. Your interests are the interests of the society. Suppose you think of these things. If you never need the association, it needs you, and you do not know how soon you may need it.

Wm. P. Best, M.D.,
Pres. N. E. M. Ass'n.

Indianapolis.

PNEUMONIA.

"Deaths from Pneumonia Increase." This is the item that calls forth these few wandering thoughts on this much-discussed and dreaded malady. The item states that "during the week ending December 22 there were 1,501 deaths in New York, 314 of which were due to pneumonia. During the previous week, 263 from pneumonia, giving an increase of fifty-one in the week. In recent years, the average number of deaths per week at this time of year has been about 200. The increase is attributed to the shortage of coal and the changeable weather."

We read in the daily press and medical journals that pneumonia has been responsible for a large number of deaths in the various cantonments and camps throughout the nation. Epidemics of measles have occurred, followed by pneumonia, which seems to be singularly fatal. In some camps the pneumonia has been complicated with empyema, 50 per cent. of which proved fatal.

The facts give food for thought and careful inquiry and investigation should be made to inquire why. I am perfectly aware that the editor of the *Journal of the A. M. A.* regards it as a sacrilege to criticize so-called "scientific medicine" as practiced today, as evidenced by his tirade against the city paper that dared to criticize medicine for its shortcomings. Honest criticism is constructive and tends toward progression. Intolerance only is arrogant, self-satisfied and unprogressive. Science is presumed to be "exact." Medicine is far from it. The official report of the medical department attributes much of the condition to the lack of proper clothing and housing, thus necessitating undue exposure, with its unfortunate results.

No well-meaning man but wishes that results had been otherwise. In the Spanish-American war, typhoid fever was the stumbling block; in this mobilization, pneumonia and meningitis. Seasons, climatic conditions, unpreparedness and delay by reason of red tape, all no doubt have had their influence. But the thought occurred to me, might not modern medicine with its therapeutic nihilism had its influence as well?

One treated a case of pneumonia with fresh air and ice packs, no in-

ternal medication, even though the bodily temperature was 105 degrees. Fortunately the sufferer was young and robust. Pneumonia is a self-limited disease. Medicine can not nor will not inhibit or modify its course. This is scientific medicine.

The other case was treated with hypodermic injections of camphor and oil every six hours. Someone in authority has claimed this is "good for pneumonia," hence we all adopt it, irrespective of conditions. This, too, is "scientific medicine." We must follow "authority," else we are guilty of sacrilege, unscientific, a charlatan, a quack, and everything else that is unprofessional in medicine. We have no business to question or doubt the wisdom of the wiseacres of the profession.

Therapeutic nihilism has had an unfortunate effect upon medicine, and I have been informed that graduates of our ultra-scientific medical schools are absolutely lost in the presence of medical diseases.

Pneumonia, I am positive, does not always present to us the same problem. It is firmly impressed upon me that geographical location, with the varying climatic condition, modifies its manifestations and severity. I am also sure that medicine will modify its course and lessen the tendency to complications. A wise treatment, modified according to conditions, will lessen its fatality. This can not be accomplished by treatment that treats all cases alike, irrespective of conditions or complications. Finally, internists must study their own problems and not be dictated to by surgeons, who, by reason of their calling, are naturally medical unbelievers. M.

GERMAN EFFICIENCY.

It is not polite or even good taste to say "I told you so," but it is sometimes a satisfaction to know that one was in the right, even when called a pessimist and cynic when others differed with you. A reformer is always a little in advance of the procession. Often the instigator of the reform will be gone before the reformation takes place. The late Senator Morgan labored long and assiduously for the Panama Canal, but did not live to see the culmination of his dreams. Had the United States purchased Cuba when President Grant advocated it, the Spanish-American war would not have occurred. Yet there is no use "crying over spilled milk," but we must grin and bear it.

Long has the writer decried the Germanizing of our educational institutions by our leading educators and some foundations. We have never seen any good reason why German should be taught as a common branch in our schools any more than the language of many other races coming to our shores. There should be only one common language, and that should be English.

Whilst decrying this attempt to Germanize our institutions, we were not cognizant of the ulterior object in view by the German nation. As we write, we have before us some quotations from "Pan-Germanism and America."

To me they are astounding. Let me quote: "It is, therefore, the duty of everyone who loves languages to see that the future language spoken in America shall be German. It is of the highest importance to keep up the German language in America, to establish German universities, improve the schools, introduce German newspapers, and to see that at American universities German professors are more capable than their English-speaking colleagues, and make their influence felt unmistakably on thought, science, art and literature.

"If Germans bear this in mind and help accordingly, the goal will eventually be reached. At the present moment the center of German intellectual activity is in Germany; in the remote future it will be in America. The Germans there are the pioneers of a greater German culture, which we may regard as ours in the future. He advises the Germans to compose themselves into an aristocracy of talent, which is the most effective way nowadays to obtain political power. Germans only need to grasp the situation and the future is theirs. Let them show that they mean to maintain Deutschtum and then emigration may be directed to America with impunity.

"Again, not only North America, but the whole of America, must become a bulwark of German kultur, perhaps the strongest fortress of the German races."

These quotations might be continued. Daily it is more clearly shown that the so-called German kultur and efficiency had sinister objects in view and all fraternization was simply on the surface. Pro-Germanism is being taught and was boldly instilled into the students of our state universities even since the world war began, even in 1917, and, willingly or unwillingly, most of our educators and foundations for the advancement of teaching have been supplanting "Americanism" by "German kultur" and efficiency, practically undermining the bulwarks of true Americanism.

Experience is a hard task-master and the present world's cataclysm ought awake our national legislature to the need of more stringent immigration and naturalization laws. No more should the alien that comes to our shores for refuge, social and financial relief, be allowed to foment and breed discontent, disloyalty and contempt for our national ideals and institutions. American cities should cease being the breeding places for anarchy and political corruption and vice. Now is the time to cleanse our political and social fabric and return to those wholesome ideals for which our nation formally stood and in which it was founded.

If we must be the melting pot of Europe, let us assume the task with a firmer hand, for it is a hard task we have before us to assimilate and amalgamate the numerous and varied throngs that come to us. The hyphen should be eliminated, so that there should be no question as to the position of our citizenship. "He who is not for us is against us." Let there be but one nation, one flag, one common language, one America—a nation with high ideals, political, social, economical and spiritual, rather than Germanic efficiency and philosophy, which now seems to be another name for Prussian barbarism. M.

INFANT FEEDING.

The successful feeding of infants has been and is quite a serious problem; in fact, so serious, that the average physician is prone to prescribe a proprietary food and change from one to another without any thought of its character, simply aiming to find something that will agree with the child. The child and its needs are seldom thought of; it is simply a case of hit or miss. We have practiced long enough to see many changes in the views of pediatrists regarding infant feeding. The simple milk, lime water and water mixture of Meigs, then the introduction of condensed milk and other proprietary foods, the whey and cream mixture, the assurance that sterilization or pasteurization would solve our problems, the advent of the top-milk method, and finally the measuring of the babe's needs by calories, or the calorimetric method. Each has its advocates. Each one insists that his favorite method fulfills all needs. There is, to my mind, truth and value to each, and to be successful in infant feeding one should be familiar with all. Personally, I prefer the top-milk method, varying the formula with the needs and digestive powers of the infant. Formerly we were taught an infant after the first few days should be fed every two hours during the day and twice during the night, gradually increasing the amount of food and decreasing the intervals as the child grows older. During the past few years we have been confronted with graduate nurses who insist that an infant should be fed only every four hours. To this we have invariably objected, and the reasons for our objections were plainly visible by the condition of the child—lack of growth, emaciation, restlessness, and all visible signs of hunger a child is able to show. We have always insisted that the wants or capacity of children can not be measured by any fixed rule. Like an adult, they differ in their capacity and ability of digestion. This is plainly evidenced by the fact that everyone of us have seen children thrive on every proprietary food on the market—upon whole milk, and upon every modification of milk, upon condensed milk, even upon food from the table. It appears to me from these experiences that the food of the child or infant must be fitted to its capacity and power of digesting. These generalizations have been brought forward by reading an editorial in the *Journal of the Amercan Medical Association* entitled "The Hungry Infant." We wish we could reproduce the entire article, as in it the finding of the laboratory corroborates the views and contentions we have learned clinically. We will, however, quote from it liberally, reproducing what to me seems to be the most salient points:

"The problems of alimentation in infancy have been greatly delayed in their solution because of a lack of objective signs and accurately established facts on which rational procedure can be based. In the adult, the subjective symptoms can be consulted, and the progress in the expert analysis of the physiologic and chemical functions has reached a stage of considerable precision. Hunger and appetite, the responses of the digestive glands to various types of stimuli, the movement of the suggestive segments of the

gastro-enteric tract, and other factors are now understood with considerable accuracy.

"It requires little argument to indicate the difficulties that beset the student of the comparable questions in the case of the infant, in which the personal factor of co-operative intelligence is lacking and the technical hindrances to experimentation or instrumentation are obviously great. Yet certain items of information are plainly needed in the routine of infant feeding. It is important, for example, to have a defensible basis on which to determine the periods between the successive administration of food, or to know whether difficulties in nursing have an alimentary background, so to speak."

Two years ago, it is said, Carlson and Ginsburg demonstrated the hunger contractions of the stomach in infants. It was shown that contractions of an empty stomach cause the hunger sensation, which occurs in greater intensity in infants. The pangs of hunger are caused or associated with the rhythmic contractions of the stomach wall. They produce secondary effects, such as restlessness and irritability. The prime factor, however, in the desire for food depends on the memory processes of past experiences with "palatable foods" and not on the distress due to the contractions. The psychic factor is appetite; the physical factor, hunger; and their distinction must be kept in mind.

These studies have been verified or corroborated in the department of pediatrics in the University of Minnesota by Taylor, who has further shown that still greater hunger contractions occur in the stomachs of the prematurely born. In adults, in general, the chewing of indifferent substances, or simply tasting, will produce temporary inhibition of the gastric contractions. Food in the stomach produces a more permanent or lasting inhibition. He has found that inhibition of the hunger contractions from the mouth does not occur in young infants. It is only present in older infants as the result of stimuli it has learned to associate with food. Inhibition from the mouth is psychic in character. Reflex inhibition from the presence of food in the stomach is present in infants of all ages.

Some time ago it was demonstrated that the average time between nursing and the appearance of hunger contractions was two hours and forty minutes, with a minimum of two hours and twenty minutes, and a maximum of three hours and thirty minutes. Taylor has observed that the average time required for the development of hunger in a healthy infant gaining in weight and receiving a known sufficient amount of food is, in premature infants under one month, one hour and forty minutes; in full-term infants under two weeks, two hours and fifty minutes; and in infants from two to four months, three hours and forty minutes.

"It appears, however, that it is only in normal babies, receiving well-tolerated food in sufficient quantity, that the development of hunger waits on the emptying of the stomach. In the case of infants with chronic disturbances of alimentation, hunger contractions may occur long before the stomach is emptied." One might be inclined to use these data in deter-

mining the ideal interval for feedings. Whilst the data are not sufficient to do so, they certainly emphasize the fact that a fixed time can not be made, no more than a fixed formula, because the time and needs of the infant vary and should be studied by the restlessness and irritability, gain in weight and general condition or well-being of the child. M.

ROLL OF HONOR.

The QUARTERLY desires to ascertain the names and location of all our men who have gone into service. Many of us have sons who have enlisted; many of us know of those who have offered the government their services. Will you kindly furnish the editor with the names of all Eclectic physicians, whether a member of our society or not, who are members of the Medical Officers' Reserve Corps and their location? To date we have the following:

Arkansas—F. W. Landrum, Driggs; Samuel G. Boyce, Little Rock.

California—H. R. Evans, Trona, to San Bernardino; Martin W. Fraser, Richmond; J. R. Buckingham, Big Pine.

Connecticut—R. L. White, New Canaan.

Florida—J. W. Crum, Day; F. V. Von Dahm, Ft. Oglesthorpe, instructor.

Georgia—J. H. Hendy, Cuthbert; M. T. Johnson, Lawrenceville; D. H. Parliament, Covington, to Ft. Oglesthorpe.

Illinois—Chas. McLaughlin, Berlin; R. Herrick, Wyanet; Herman C. Tietze, West Salem, to Camp Sherman, Chillicothe, Ohio; Wilson K. Dyer, Kankakee, to Base Hospital, Ft. McPherson, Ga.; Ralph G. Cressman, Oglesby, to South San Antonio.

Indiana—G. A. Smith, Bryant, to Camp McClellan, Anniston, Ala.; Fred L. Hosman, Indianapolis, to 327th Machine Gun Battalion, Camp Zachary Taylor, Kentucky.

Iowa—L. E. Eslick, Rockwell City; Wm. E. Brown, Cedar Rapids.

Kansas—C. F. Brubaker, McPherson, to Camp Funston; Edward K. Lawrence, Pawnee City, to Ft. Oglesthorpe.

Kentucky—Homer A. Sutter, Newport, to Ft. Oglesthorpe; J. C. Mitchell, Louisville; R. C. Burrow, Cunningham; H. T. Alexander, Fulton, to Syracuse, N. Y.; J. A. Farabough, Clinton; W. E. Ray, Stoub; J. M. Staughton, Covington, to Camp Sevier, Greenville, S. C.

Michigan—J. F. Connor, Detroit; Nelson McLaughlin, Lake Odessa, to Fort Riley, Kansas.

Missouri—E. F. Cook, St. Joseph; Frank Hurwitt, Kansas City.

Nebraska—J. F. Spealman, Lincoln, to Second Field Hospital Corps, Nebraska; H. B. Metheny, Lincoln, to Ft. Riley, Kansas; Dr. Jester, Bethany, to Deming, N. M.; Carl Morrow, Lincoln, to Ft. Riley, Kansas; F. M. Swartwood, Lincoln; Sam E. Metheny, Cairo, to Ft. Riley, Kansas.

New York—Victor C. von Unruh, New York, to Ft. Oglesthorpe, Ga.; Frederick Terwilliger, Spencer, to Ft. Benjamin Harrison, Indiana; Hilton J. Shelley, Middletown, to Ft. Benjamin Harrison, Indiana.

Oklahoma—J. V. Athey, Hartlesville, to Camp Custer, Battle Creek, Mich.; Wm. M. Tucker, Sulphur; Robert Chas. McCreery, Erick.

Oregon—J. S. Rankin, Newberg, to Camp Lewis.

Ohio—W. H. Ambrose, New Petersburg, to Camp Grant, Illinois; Chas. W. Beaman, Cincinnati, to Ft. Riley, Kansas; C. O. Bayless, Dayton, to Belleville, Ill.; John R. Crum, Forest, to Chillicothe, Ohio; Wm. H. Carey, Bellefontaine; Franklin Connor, Sidney, to France; F. C. Calloway, Marysville; George R. Curl, Edgerton; Chas. R. Deeds, Dalton, to Camp Custer, Battle Creek, Mich.; R. W. DeCrow, Sciotoville, to Camp Wheeler, Mann, Ga.; Claude Davis, West Liberty, to Fulham Hospital, London, England; Benj. Englerth, Anna; Paul A. Murr, Galion, to Camp Bowie, Ft. Worth, Texas, Base Hospital; Franklin D. Postle, Delaware, to France; Fred O. Williams, Columbus, to Hampton Roads; Robert S. Postle, Akron, to France; Stewart J. Hagen, Cincinnati; Franklin J. Owry, Cincinnati, to 342nd Field Hospital, Camp Grant, Illinois; Albert L. Snell, Cincinnati; Allison M. VanHorn, Findlay, Berrington War Hospital, Shrewsbury, Eng.; Chas. L. Harding, Bellevue; H. W. Powers, Amherst; Fred M. Sponseller, Wellington; L. D. Miller, Toledo, to Post-Graduate School, New York; Carll S. Mundy, Toledo, Base Hospital, Ft. Riley, Kansas; S. W. Mattox, Marion; Wm. A. Leiser, Ft. Recovery; C. J. Shirack, Coldwater, to San Antonio, Texas; George E. Moots, Antwerp; John D. Siddall, Kalida; J. D. Holston, Massillon; R. E. Powers, Akron, Camp Custer, Battle Creek, Mich.; Myron Hanna, Scott, Camp Funston, Kansas; A. C. Musgrave, Ohio City; Harold Gibson, Blanchester; Daniel W. Humphrey, Cedar Point, to Ft. Sill, Oklahoma; Herman W. Honeck, Ridgeville Corners, Camp Sherman, Chillicothe, Ohio; Clinton O. Shrader, Bowling Green; Walter Naus, Upper Sandusky; R. C. Van Buren, Carey; Earl L. Waite, Cincinnati, to Ft. Benjamin Harrison, Indiana; M. L. Peterson, Cincinnati; Everett Skeels, Akron; F. F. DeMuth, Cecil; L. C. Wottring, Cincinnati; S. Paul Tharp, Cincinnati; Clifford Krohn, Morrow; Neil E. Taylor, Cincinnati; Joseph Finley, Ironton.

Pennsylvania—Wm. S. Glenn, Jr., State College; Harry S. Monroe, Waldridge, on duty abroad.

South Dakota—W. P. Collins, Howard; E. W. Goldman, Madison.

Tennessee—L. M. Dykes, Johnson City, to Camp Meade, Maryland.

Texas—T. H. Standlee, Lyra; G. H. Stagner, Waco.

West Virginia—A. C. Lambert, Charleston, abroad; S. D. Hays, Flemington.

Wisconsin—J. C. Brewer, Jefferson, Camp McArthur, Waco, Texas; D. C. Rodecker, Holcomb, Ft. Benjamin Harrison, Indiana; C. W. Hawley, Minocqua.

NEWS AND NOTES.

Arizona.

Dr. E. R. Petskey has moved from Bisbee to Douglass.

California.

Dr. Orah Allen has changed her address from San Francisco to Seevel Apartments, Vallejo.

Dr. Sophia Billenkamp has moved from St. Louis, Mo., to Galt.

Dr. Harry V. Brown, of Los Angeles, was elected vice-president of the California Board of Medical Examiners at its meeting, October 15.

Dr. Ella M. Caryl has moved from Olive Street to West Seventh Street, Los Angeles.

Dr. O. E. Dahlen has opened an office at 927 S. Alvarado Street, Los Angeles.

Dr. H. R. Evans has enlisted in the Medical Officers Reserve Corps. His address is changed from Trona to San Bernardino.

Dr. G. H. Harvey has changed his address from Fillmore to Moorpark.

Dr. H. H. Lawrence has removed to 503 Oakland Ave., Oakland.

Dr. Judson Liftchild has changed his address to Shawmut, Tuolumne County.

Dr. Laura E. Rauch has removed from 439 Savoy St., Los Angeles, to 80 Linden Ave., Long Beach.

Dr. Clinton Roath has changed his office from 1109 Central Avenue to 539-540 Consolidated Realty Building, Los Angeles.

Dr. L. B. Weatherbee has located at Oakley.

Dr. Ira Wheeler has removed from Healdsburg to Cory Bldg., Fresno.

Connecticut.

Dr. LeRoy A. Smith, of Higganum, spent the winter at 116 N. Ridgewood Ave., Daytona.

Georgia.

Dr. A. F. White, Flovilla, was recently elected vice-president of the State Board of Medical Examiners.

Drs. J. H. Hendry, of Cuthbert, J. W. Crum and M. T. Johnson, of Lawrenceville, have received commissions as first lieutenants in the Medical Officers Reserve Corps.

Georgia Board Investigates Charges.—The Georgia Board of Medical Examiners recently heard charges preferred against Dr. J. A. McLeay, Atlanta, to the effect that, under the charter of the Southern College of Medicine and Surgery of Atlanta, which was closed in 1914, he had been illegally issuing medical diplomas for a stipulated sum. The matter was referred to the solicitor general of the superior court for action. The board also heard charges of using forged licenses against Drs. C. J. Malloy, Helena; S. B. Ellis, Whilesburg; F. C. Bentley, Crandall, and W. R. Rothrock, Athens. There is no record of licenses having been issued to these physicians. The board directed the secretary to assist the county solicitors in prosecuting these men on charges of illegally practicing medicine.

Idaho.

C. J. Gillman has moved from Kansas City, Mo., to Goldberg.

Illinois.

W. T. Wood has removed from Ellwood to 251 Lincoln Ave., Springfield.

The University of Chicago, by raising $3,461,500, has secured the fund of $2,000,000 offered by the Rockefeller Foundation and the General Education Board for the organization of medical instruction at the university. The money will be used to establish undergraduate and graduate medical schools and a foundation for medical research. The undergraduate medical school will be directly connected with the university on the South Side. The Billings Memorial Hospital, at a cost of $1,000,000, will also be erected on the Midway. It will contain 250 beds, will have $3,000,000 endowment, and will be utilized for teaching and clinical study. On the West Side, Rush Medical College, the Presbyterian Hospital and the Central Free Dispensary will be combined to form the new graduate medical school. A new laboratory building, costing $300,000, will be erected on the site of the old Rush Medical College building. The heads of the departments of medicine, surgery and obstetrics and all laboratory men in both the undergraduate and graduate schools will be full-time salaried instructors.

Indiana.

Dr. E. W. Smith, of Terre Haute, has entered into the Indian Government Service. He has charge of the Government Hospital at Rosebud, S. D.

The only son of Dr. Wm. P. Best, of Indianapolis, has enlisted in the Second Indiana Artillery, which has been ordered into service.

Dr. Morse Harrod, of Ft. Wayne, has been seriously ill with smallpox.

Iowa.

L. E. Eslick, of Rockwell City, has received a commission as lieutenant in the Medical Officers Reserve Corps.

Michigan.

Dr. Nelson McLaughlin, of Lake Odessa, has received his commission as first lieutenant in the Medical Officers Reserve Corps and ordered to Ft. Riley, Kansas.

Dr. P. L. Lathrop has removed from Ponca, Okla., to 623 Stevens Bldg., Detroit.

Missouri.

Dr. O. T. Arnold has moved from Cameron to McAllen, Texas.

C. J. Gillman has moved from Kansas City to Goldberg, Idaho.

Montana.

Dr. Sidney A. Cooney, of Helena, has been elected secretary of the State Board of Medical Examiners, succeeding Dr. Wm. C. Riddell, who resigned.

Nebraska.

Dr. H. B. Cummins has opened the Seward Hospital, located at Seward.

New York.

Dr. B. R. Parsons has removed from Marathon to 12 Tompkins St., Cortland.

Suicides in New York City.—More suicide in New York City since the outbreak of the European War in 1914, illuminating gas the most frequent method, infrequent use of firearms by women committing suicide, a decrease in the use of poison as a means of ending life, these are some of the interesting facts disclosed by a statistical study of suicides in New York City. Perhaps the one fact that stands out most prominently in the accompanying tables is the greater frequency of suicide among men than women; about three times as many men commit suicide as women. Does this indicate a greater feeling of responsibility on the part of men, a greater bravery on the part of women, bravery which enables them to bear the trials and disappointments of life with greater fortitude? Considered in conjunction with the fact that during periods of financial depression suicides are more frequent, indicating that financial reverses are the most common cause of suicide, the conclusion seems justified that the incidence of suicide is greater among males because on men usually falls the worry of financial reverses. The entrance of women into business and the professions, thus bringing them a fuller share of financial responsibility, should, if this be the chief determining factor, increase the female rate, and it will be interesting, as years go by, to note the effect of changing conditions on the incidence of suicide among females.—S. W. Wynne, M.D., *Monthly Bulletin*, New York Department of Health.

Garbage.—New York's garbage, by treatment in a $3,000,000 recovery plant of the latest type, yields grease for 70,000,000 cakes of soap; 1,500 tons of nitrogen; 2,000 tons of phosphoric acid; 500 tons of potash. With the nitrogen, and the glycerin from soap making, there is a recovery of material yielding 3,500,000 pounds of high explosives, while the phosphoric acid and potash, as well as the nitrogen, are valuable in the making of commercial fertilizers. This plant operating under the so-called Cobwell process, which treats garbage almost entirely by chemical methods, has effected increased recoveries of valuable products amounting to at least 25 per cent. more than recoveries under the best previous reduction methods used for New York's garbage. In soap, for instance, there is an additional recovery of grease for 10,000,000 cakes a year, and in high explosives material for 700,000 pounds. The chemical treatment followed not only eliminates all odors incident to the old boiling process, by which garbage was cooked for a long period in water, but saves many of the rich chemical elements which were formerly lost. Under the old process it is said a large percentage of these elements were cooked into a rich soup, and then the soup was thrown away. Moreover, a considerable percentage of grease was burned by the high temperature driers used before degreasing, and the cooking process had a splitting effect on the material which led to considerable losses of glycerin. The new process saves these. The plant is more expensive to install, but much more economical in operation.—*Weekly Bulletin.*

Oklahoma.

Dr. J. J. Williams, of Weatherford, has been elected secretary of the Board of Medical Examiners in place of Dr. Ralph V. Smith, who has enlisted in the Medical Officers Reserve Corps.

Dr. P. L. Lathrop has removed from Ponca City to 623 Stevens Bldg., Detroit, Mich.

Ohio.

Dr. Forrest Garver has opened an office in DeGraff.

The annual report of the State Board of Medical Registration shows that out of twenty-four Ohio physicians accused of illegal practice, eighteen were convicted, one suit was dismissed, one resulted in disagreement and four are pending. Sixteen affidavits charging illegal practice of midwifery resulted in nine convictions, one dismissal and six pending cases. The licenses of three doctors were revoked and two revoked licenses were restored. In four regular and one special examinations, 182 physicians and surgeons, twenty-six Osteopaths and twelve midwives were licensed. Receipts for the year were $13,420; expenditures, $11,004.

Dr. Fred C. Williams has reported at Hampton Roads, Va., as an officer of the Columbus Naval Hospital Unit.

Lee A. Hays has removed from Cincinnati to Johnstown.

Fred C. Calloway, of Marysville, has enlisted in the Medical Officers Reserve Corps, and is now at Ravenna, Mo.

Chas. W. Beaman has removed from 286 W. McMicken Avenue to 167 Wolper Street, Cincinnati.

R. O. LeBarron has removed from West Mitchell, Iowa, to Portsmouth.

Dr. Allison Van Horn, of Findlay, is stationed at Berrington War Hospital, Shrewsbury, England, being the only American officer there, and has full charge of four wards.

Dr. Carll S. Mundy has been ordered to the Base Hospital at Ft. Riley, Kansas.

Dr. J. H. Burnett was badly injured January 7, when his auto was struck by a cut of freight cars on a railroad crossing of the T. and O. C. Railroad in Fostoria.

Dr. Mulligan has removed from Lima to Cleveland.

Dr. C. G. Smith has removed from Marion to Cleveland and is connected with St. Luke's Hospital.

The regular quarterly meeting of the Ohio State Medical Board was held in Columbus, January 1 and 2, all members present. The result of the semi-annual December examination was announced as follows: Physicians, twenty-four passed, one failed; Osteopaths, eleven passed, two failed; midwives, five passed, one failed; Chiropodists, two passed; Spondylotherapists, one failed. Three drugless healers licensed under the five-year exemption clause. The following physicians' certificates were issued on reciprocity: J. T. Suggs, Alabama '06, to Cleveland; E. A. Ryerson, Illinois '03, to Dayton; C. W. Shaw, Indiana '01, to Cincinnati; F. F. Piercy, Iowa '07, to Youngstown; J. B. Duncan, Maryland '14, to Cleveland; L. E. Phipps, Michigan '08,

to Youngstown; G. J. Gianfranceschi, New York '11, to Cleveland; W. J. Books, New York '15, to Cincinnati; H. Inberg, Penn. '06, to Warren; M. M. Teplitz, Penn. '14, to Canton; T. Nunemaker, W. Va. '01, to Akron; G. E. Cogswell, Illinois '87, to Hamilton; F. H. Southgate, Ky. '94, to Cincinnati. Fourteen hearings of irregular practitioners and advertisers consumed all a day's time. Most cases were deferred for future action. The following officers were elected for 1918: President, J. K. Scudder; vice-president, B. R. McClellan; treasurer, S. M. Sherman; secretary, H. M. Platter.

Oregon.

J. S. R. Rankins, of Newberg, is first lieutenant of the 363rd Infantry, and at last reports was located at Camp Lewis.

Tennessee.

Dr. L. M. Dykes, of Johnson City, has enlisted in the Medical Officers Reserve Corps, and is stationed at Camp Meade, Maryland, attached to the Ambulance Corps.

Dr. Ivadell Rogers has removed from Lawrence to Pryor, Okla.

Texas.

J. E. Manney has removed to the Amicable Building, Waco.

A. B. Couch has removed to Perry.

B. W. Wood has removed to Gilmer.

W. M. Copeland has removed to Matador.

J. J. Ely has moved to Jacksonville.

C. W. Watson has moved to Miles.

F. A. Starbuck has moved to Tanglewood.

O. T. Arnold, formerly of Cameron, Mo., has moved to McAllen.

The thirty-fourth annual convention of the Texas Eclectic Medical Association was one of the best in point of interest displayed and number of papers presented. Whilst the attendance was not up to the usual standard, yet the interest was unusual. Professors J. U. Lloyd and Finley Ellingwood were the distingunished visitors. Professor Lloyd's paper on "The Crusade," or "Why the Term Irregular Has No Terrors for Me," was one of the very best we have had the pleasure of hearing. Professor Ellingwood spoke on "The Treatment of Goiter"; also "The Probabilities of a Combination of Subculoyd Lobelia and Echinacea in Diphtheria or Blood Dyscrasias," which was freely discussed. Dr. Daniel's paper on "Medical Reminicences" was well received and ordered printed in the QUARTERLY. A vote of confidence in President Wilson and extending him our best wishes was unanimously passed. Four new members and five reinstatements were added. The new officers elected were: President, D. J. Thomas, Lockney; first vice-president, G. M. Williams, Merkel; second vice-president, B. H. Mitchell, R. F. D. 2, Crisp; secretary, H. H. Blankmeyer, Aransas Pass; treasurer, W. W. Wimer, R. F. D. 9, Honey Grove. The president, Dr. Thomas, is the oldest charter member of the society, and the secretary, Dr. Blankmeyer, is now serving his thirteenth year. He is evidently not superstitious.

Utah.

Dr. C. L. Olsen has removed from Murray to 932 South Fifth East St., Salt Lake City.

Wisconsin.

J. C. Brewer, of Jefferson, has received his commission as first lieutenant in the Medical Officers Reserve Corps, and is at present stationed at Camp McArthur, Waco, Texas. The doctor was one of the examining physicians when the Wisconsin National Guard were mobilized.

OBITUARIES.

Black, Frank B. Gilboa, Ohio Eclectic Medical Institute, Cincinnati, 1886, in Cincinnati, December 5, aged sixty-five.

Bloom, Daniel M., Eclectic Medical Institute, Cincinnati, 1875, at his home in New Waterford, Ohio, October 26.

Boots, Samuel S., Eclectic Medical Institute, Cincinnati, 1870, at his home in Greenfield, Ind., November 30, aged sixty-eight.

Brabbs, Alice A., Bennett Eclectic Medical College, Chicago, 1885, at her home in Romeo, Mich., December 25, aged sixty-one.

Bracy, Edward Bolliver, Eclectic Medical Institute, Cincinnati, 1869, at his home in Mitchell, S. D., December 28.

Curtis, Wilbur F., Bennett Eclectic Medical College, Chicago, 1890, at Chicago, Ill., December 9, aged sixty-three.

Dalton, Charles C., Bennett Medical College, Chicago, 1903, at Madison, Wis., September 15, aged thirty-nine.

Ellis, Charles Z., California Eclectic Medical College, Los Angeles, 1891, at Berkeley, Cal., October 16, aged fifty.

Felix, Benjamin F., Eclectic Medical Institute, Cincinnati, 1886, at his home in Cerulean, Ky., October 25, aged seventy-two.

Fraker, George William, Excelsior Springs, Mo., Eclectic Medical University, Kansas City, 1906, died in Wesley Hospital, Kansas City, Mo., November 8, aged fifty-nine.

Fuller, Lafayette D., Eclectic Medical College of Pennsylvania, Philadelphia, 1867, at Rockville, Conn., December 6, aged seventy-three.

Gray, Albert Stone, Bennett College of Eclectic Medicine and Surgery, Chicago, 1887, in St. Luke's Hospital, Chicago, December 17, aged fifty-three.

Griffis, William T., Eclectic Medical Institute, Cincinnati, 1871, at his home in Fountain City, Ind., November 20, aged seventy.

Hansen, Carl Anthon, Bennett Medical College, Chicago, 1875, at his home in Long Beach, Cal., December 16, aged seventy-three.

Hensley, James L., Eclectic Medical Institute, Cincinnati, 1867, member of the Ohio State Eclectic Medical Association, at his home in Marion, Ohio, December 4, aged eighty-five.

Hervey, Charles Hermon, Eclectic Medical Institute, Cincinnati, 1884,

member of the California State and National Eclectic Medical Associations, at his home in San Jose, Cal., December 27, aged sixty-two.

Hoxsey, John H., American Eclectic College, St. Louis, Mo., 1885, at Spokane, Wash., November 29, aged fifty-eight.

Jolley, William Fletcher, Troupburg, N. Y., Eclectic Medical College of Pennsylvania, Philadelphia, 1869, member of the New York State and National Societies, in Canandaigua, N. Y., November 8, aged sixty-nine.

Jones, Henry D., of Grand Marias, Minn., Eclectic Medical College of the City of New York, 1878, at East Chatham, N. Y., August 21, aged eighty-two.

Kirk, C. D. R., Penn. Eclectic College, Philadelphia, 1861, at his home in Shuqualak, Miss., December 5.

Malcolm, Isaac B., American University of Pennsylvania, Philadelphia, 1867, at Lowell, Mich., November 21, aged seventy-two.

Moore, J. L., American Eclectic Medical College, St. Louis, at Neches, Texas, October 15, 1917, aged seventy-nine.

Richard, G. H. Clemens, Eclectic Medical Institute, Cincinnati, 1856, at his home in Cincinnati, Ohio, October 13, aged eighty-eight.

Richmond, D. W., Eclectic Medical Institute, Cincinnati, member of the Kansas and National Medical Associations, at his home in Hutchinson, Kansas, November 7, 1917.

Riley, Samuel H., Eclectic Medical Institute, Cincinnati, 1868, at his home in Hudson, Mich., November 1, aged seventy-two.

Roe, Malcolm C., Bennett Medical College, Chicago, 1878, at his home in Chana, Ill., December 28, aged seventy-five.

Spencer, John F., Eclectic Medical Institute, Cincinnati, 1869, at his home in Moore's Hill, Ind., October 1, aged seventy-five.

Stolys, Byron C., Bennett College, Chicago, 1873, at Wilmette, Ill., October 25, aged sixty-six.

Wade, John H., of Lesley, Ark., at his home, October 29, aged seventy-one.

Whittlesey, Granville E., American Medical College, St. Louis, 1901, at St. Louis, Mo., December 24, aged fifty-five.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

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BOOK REVIEWS.

The Rockefeller Foundation Annual Report, 1916.

We recommend the reading of this report to everyone interested in philanthropic work. As we said in reviewing the 1915 report, the figures are beyond my comprehension. We do not figure dollars in six and seven places.

The present volume is as interesting to me as was the report for 1915, and evidences the wise and benevolent use of a man's surplus wealth. Wealth, when properly used, is not an unmitigated evil, but a blessing, and the use made of money by the Foundation should be copied by some other foundation we might mention. From the report we glean it is used for the uplifting and betterment of mankind, physically and morally, for the relief of suffering where war, pestilence and famine lay their devastating hands.

The present report contains the reports of the secretary, director general of the International Health Board, director of the China Medical Board, chairman of the War Relief Commission and treasurer. It also contains an appendix, which contains, among other items, "The War Relief Expenditures."

M.

Impotence and Sterility with Aberrations of the Sexual Function and Sex-Gland Implantation. By G. Frank Lydston, M.D., D.C.L. The Riverton Press, Chicago, 1917. Cloth, $4.00. Sold by subscription only.

The author is a delightful writer, and as a consequence always readable. One fact that always stands pre-eminent in his writings is positiveness. The book before me is no exception. It embodies originality, characteristic of the author, and puts in permanent form his "hormone theory of aberrations of sex development and function and researches and observations in the field of sex-gland implantation." The book is of interest not only to the medical profession but to the legal as well by reason of the chapters on "Sterility," "Sex Aberrations" and "Sterilization." To those interested in this line of work we recommend its perusal. M.

Kentucky Medical Journal. Historical number. Medical Pioneers of Kentucky.

This is certainly a commendable and creditable effort on the part of the editor of the Kentucky State Journal. Kentucky, judging from this issue of the journal, has a history in medicine as well as in politics, literature and journalism. Every member of the profession in Kentucky ought to become the owner of a copy of the November journal as a souvenir. My copy shall become a permanent fixture in my library.

Kentucky occupies an enviable position in giving to the profession so many of the leading teachers and pioneers of modern medicine, as well as of journalism, as there can be but one Henry Watterson—or Marse Henry.

M.

MISCELLANEOUS.

Instructions for Use and Sale of Non-Beverage Alcohol.

Attention is hereby called to the fact that non-beverage alcohol can not be dispensed to persons who do not hold permits, whether upon physician's prescription, or otherwise, except in quantities of a pint or less, and on condition that the alcohol is first medicated according to one of the ten formulæ set forth in Treasury Decision 2576.

The so-called non-beverage alcohol taxable at the rate of $2.20 per proof gallon must not, therefore, be dispensed under a physician's prescription, unless in the compounding thereof the same is so medicated as to render it absolutely unfit for use as a beverage. In case of prescription compounding, the druggist will be held responsible as to the sufficiency of the medication.

A druggist who has qualified and who holds a special tax stamp as a retail liquor dealer may sell beverage alcohol, upon which the full amount of tax has been paid to whomsoever he pleases, in quantities of less than five gallons. It is understood, however, that all such spirits were produced prior to September 9, 1917, and tax paid at $3.20 per proof gallon.

For each purchase, the purchaser must state on each application for withdrawal or purchase, which should be prepared in triplicate, the number of permit, quantity of spirits disposed of under permit during fiscal year, quantity still outstanding undisposed of, and quantity applied for herein and sign same.

If purchaser has not the information as to quantity applied for, same should be furnished by vendor at time of delivery, and vendor should also see that description of goods delivered is supplied in space provided therefor, and note on all three copies that the goods have been delivered. One of the triplicates will be retained by the vendor, one will be returned by him to the purchaser immediately, and the other will be forwarded by him to the collector of internal revenue for the district in which the permit was issued.

Unless the above mentioned data is contained on each application for withdrawal or purchase, delivery of goods applied for should not be made.—*Treasury Department, Office of Collector of Internal Revenue, Cincinnati.*

Census Bureau's Summary of Mortality Statistics for 1916.

According to a preliminary announcement with reference to mortality in 1916, issued by Director Sam L. Rogers, of the Bureau of the Census, Department of Commerce, and compiled under the direction of Dr. William H. Davis, chief statistician for vital statistics, the "registration area," which contained approximately 70 per cent. of the population of the entire United States, reported for that year 1,001,921 deaths. Of these deaths, nearly one-third were due to three causes—heart diseases, tuberculosis and pneumonia—and nearly another third were charged to the following nine causes; Bright's disease and nephritis, cancer, apoplexy, diarrhea and enteritis, influenza, arterial diseases, diabetes, diphtheria and typhoid fever.

The deaths from heart diseases (organic diseases of the heart and endocarditis) in the registration area in 1916 numbered 114,171, or 159.4 per 100,000 population. The death rate from this cause shows a marked increase as compared with 1900 (the earliest year for which the annual mortality statistics were published), when it was only 123.1 per 100,000. The increase has not been continuous, however, the rate having fluctuated from year to year.

Tuberculosis in its various forms caused 101,396 deaths in 1916, of which 88,666 were due to tuberculosis of the lungs. Because of progress in the prevention and treatment of tuberculosis of all kinds, the decline in the tuberculosis death rate in recent years has been most pronounced, having fallen from 200.7 per 100,000 in 1904 to 141.6 in 1916, a decrease of

nearly 30 per cent. Before 1904 the rate had fluctuated, starting at 201.9 in 1900. Even yet, however, tuberculosis causes more deaths annually than any other malady, except heart diseases, and about 37 per cent. more than all external causes—accidents, homicides and suicides—combined.

Pneumonia (including bronchopneumonia) was responsible for 98,334 deaths in the registration area in 1916, or 137.3 per 100,000. This rate, although lower than that for any year from 1900 to 1910, inclusive, with the single exception of 1908, is higher than that for any of the years from 1911 to 1915, inclusive. The lowest recorded rate for all forms of pneumonia was 127 per 100,000 in 1914. The mortality from this disease, like that from tuberculosis, has shown a marked decline since 1900, when it was 180.5 per 100,000. Its fluctuations from year to year, however, have been pronounced, whereas the decline in the rate for tuberculosis has been nearly continuous.

The only remaining death rate higher than 100 per 100,000 in 1916 was that for Bright's disease and acute nephritis, 105.2. The total number of deaths due to these maladies in 1916 was 75,316; of this number, 69,395 were caused by Bright's disease and 5,921 by acute nephritis. The mortality rate from these two causes has increased from 89 per 100,000 in 1900, with some fluctuations from year to year.

Cancer and other malignant tumors caused 58,600 deaths in 1916. Of these, 22,480, or nearly 39 per cent., resulted from cancers of the stomach and liver. The death rate from cancer has risen from 63 per 100,000 in 1900 to 81.8 in 1916. The increase has been almost continuous, there having been but two years, 1906 and 1911, which showed a decline as compared with the year immediately preceding. It is possible that at least a part of this increase is due to more correct diagnoses and to greater care on the part of physicians in making reports to registration officials.

Apoplexy was the cause of 58,233 deaths, or 81.3 per 100,000. The rate from this disease increased gradually, with occasional slight declines, from 1900 to 1912, and since 1913 the increase has been continuous.

Diarrhea and enteritis caused 56,763 deaths in 1916, or 79.3 per 100,000. The rate from these diseases has fallen somewhat in recent years, having been 90.2 in 1913, and is very much lower than the corresponding rate for 1900, which was 133.2. Nearly five-sixths of the total number of deaths charged to these causes in 1916 were of infants under two years of age.

Influenza was responsible for no fewer than 18,886 deaths in the registration area in 1916, or 26.4 per 100,000. The rate from this malady, which fluctuates very considerably from year to year, was higher in 1916 than in any preceding year since and including 1900, with the single exception of 1901, when it stood at 32.2.

Arterial diseases of various kinds—atheroma, aneurism, etc.—were the cause of 17,115 deaths in 1916, or 23.9 per 100,000. This rate, although somewhat lower than the corresponding ones for 1912 and 1913, is higher than those for 1914 and 1915. The rate for these causes increased continuously from 6.1 in 1900 to 25.6 in 1912.

Deaths from diabetes numbered 12,199, or 17 per 100,000. The rate from this disease has risen almost continuously from year to year since 1900, when it was 9.7.

No epidemic disease, with the exception of influenza, produced a death rate as high as even 15 per 100,000 in 1916. The fatal cases of diphtheria and croup—which are classed together in the statistics, but practically all of which are cases of diphtheria—numbered 10,367, or 14.5 per 100,000 population. The rate for diphtheria and croup in 1900 was 43.3, and the decline of nearly 67 per cent. from that year to 1916 is relatively greater than that shown by any other important cause of death. The rate fluctuated somewhat from 1900 to 1913, but has fallen continuously since the latter year.

The mortality rate from typhoid fever has shown a most remarkable and highly gratifying decline since 1900, having dropped from 35.9 per 100,000 in that year to 13.3 in 1916. The proportional decrease in the rate, amounting to 63 per cent., is a close second to that shown for diphtheria and croup. The efficacy of the antityphoid vaccine and of the many improvements in methods of sanitation has been demonstrated in a striking manner by this great reduction in the typhoid death rate.

Measles, Whooping Cough and Scarlet Fever.—The principal epidemic maladies of childhood—measles, whooping cough and scarlet fever—were together responsible for 17,586 deaths of both adults and children, or 24.6 per 100,000, in the registration area in 1916, the rates for the three diseases separately being 11.1, 10.2 and 3.3. As in 1913, measles caused a higher mortality than either of the other diseases, but in 1914 and 1915, whooping cough had first place. In every year since and including 1910, as well as in several preceding years, measles has caused a greater number of deaths than scarlet fever. The rate for scarlet fever in 1916 was the lowest on record, while that for whooping cough, although considerably below the highest recorded rate for that disease, 15.8 in 1903, was far above the lowest, 6.5 in 1904.

Acute Anterior Poliomyelitis, commonly called infantile paralysis, caused 7,130 deaths in 1916, representing a rate of 10 per 100,000 population. This disease developed in epidemic form in that year, and the resultant mortality showed an enormous increase. The rate from infantile paralysis declined from 2.7 per 100,000 in 1910—the first year in which this malady was reported separately as a cause of death—to 1 per 100,000 in 1915, the decrease having been continuous from year to year except for an increase between 1911 and 1912. The rate for 1916, however, was ten times as great as that for the preceding year.

Of the twenty-six states in the registration area in 1916, the five showing the highest rates reported 75 per cent. of all the deaths from this cause. These states, with their rates, were: New Jersey, 41; New York, 32.8; Connecticut, 19.2; Massachusetts, 12.5, and Maryland, 8.1. The next highest five rates appear for Pennsylvania, 7.8; Rhode Island, 7; New Hampshire, 5.6; Montana, 5.2, and Michigan, 4.9.

Accidents and Injuries.—The deaths resulting from accidents in 1916

numbered 60,071, corresponding to a rate of 83.9 per 100,000 population. This rate is considerably in excess of that for 1915 (76.3). The most marked increases appear for deaths due to railroad and to automobile accidents and for those resulting from the effects of heat.

The rate for deaths from railroad accidents in 1916 (11.3) exceeds the corresponding rates for 1914 and 1915 (10.7 and 9.9, respectively), but, with these exceptions, is the lowest one recorded since 1906, the first year for which deaths from this cause were reported separately.

Deaths from automobile accidents and injuries in 1916 totaled 5,193, or 7.3 per 100,000 population. As might be expected, in view of the enormous increase in the number of automobiles in use, the death rate due to these causes has advanced continuously since 1906—the first year for which they were reported separately—when it stood at 0.4 per 100,000 population.

Deaths resulting from street car accidents in 1916 numbered 1,775, or 2.5 per 100,000. This rate is the same as that for 1914, but shows an increase as compared with 1915. During the past ten years, however, there has been a material falling off in the rate for this cause.

Machinery accidents caused 1,624 deaths in 1916, or 2.3 per 100,000 population, this rate being somewhat greater than those for the preceding two years—1.9 for 1915 and 2 for 1914.

The number of deaths from mine accidents and injuries in the registration area in 1916 was 2,119, corresponding to a rate of 3 per 100,000. The deaths from these accidents for the last three years show a material decline as compared with those for the preceding ten years.

There were 2,056 deaths in 1916 from the effects of heat, the rate being 2.9 per 100,000 population. This is the highest rate shown for this cause in the last fifteen years, with the exception of that for 1911, which was 5.3.

Suicide.—The number of suicides reported for 1916 was 10,162, or 14.2 per 100,000. This rate is the lowest for the past ten years.

Deaths Caused by Firearms.—The total number of deaths due to the use of firearms in the registration area in 1916 was 8,240, corresponding to a rate of 11.5 per 100,000. Of these deaths, 3,386 were suicidal, 3,241 homicidal, and 1,613 were accidental. The suicidal use of firearms shows a decline as compared with 1915 and 1914; their homicidal use decreased as compared with 1914, but increased as compared with 1910, 1911, 1912 and 1915, and the rate was the same as for 1913; and the frequency of accidental deaths due to their use shows a slight decline during recent years.—*Department of Commerce, Bureau of the Census, Washington.*

Intubation of the Larynx.

H. J. Carten, Johnstown, Pa. (*Jour. A. M. A.*, Aug. 11, 1917), gives an analysis of 350 cases of laryngeal intubation occurring in his private practice in a region largely inhabited by foreigners living under unsanitary conditions and inclined to conceal disease through fear of quarantine, and where naturally epidemics of diphtheria are common. The analysis is rather elabo-

rate, but his conclusions from it are given as follows: (1) No patient needing intubation should be denied the chance to live because of lack of hospital facilities; (2) overcrowding of homes, unhygienic surroundings, concealment of disease, and exposure to contagion are responsible for the epidemics; (3) lack of trained assistants need not deter one from operating; (4) the use of a tube larger than indicated for a given age gives better results; (5) early intubation with large doses of antitoxin reduces the mortality; (6) wearing the tube five days resulted in fewer reintubations; (7) it appears that special diets and methods of feeding are unnecessary; (8) reintubation does not seem to affect phonation permanently.

Old Age Dependency.

It is estimated that one and one quarter million persons in the United States who have reached the age of sixty-five are in want and are supported by charity, public and private. This means that 28 per cent., or, in other words, more than one out of every four, are dependent upon public and private charity. In Massachusetts, where an excellent census was recently completed (1915), it was found that close to 35,000 persons out of a total of 190,000 were the recipients of public or private relief. This constitutes 18.2 per cent. of the total population sixty-five years and over, but does not include a very large number who received assistance or maintenance from relatives and other unregistered sources.—Louis I. Dublin, "The Vital Statistics of Old Age."

Garbage Saving at Army Cantonments.

Another practical demonstration of what may be done in the use of garbage is made by the War Department in the army training camps. The garbage of thirteen of the cantonments will be sold to a contractor for feeding swine, yielding the government an annual price of $446,394. It is estimated that garbage waste from ten to fifteen soldiers will feed one hog, putting onto the animal one pound of weight per day. At this rate, garbage from thirteen cantonments will produce 18,900,000 pounds of pork yearly. In cases where garbage can not be used for feeding, it will be treated for grease extraction and the tankage ground for stock food or fertilizer. The custom of burning garbage will be abolished altogether. The War Department will receive $240,000 annually for the manure from the horses and mules at army cantonments.—*Weekly Bulletin.*

According to latest United States Census investigations, it is significant that since 1880 there has been a distinct decrease in the proportion of blind who lost their sight in infancy. In 1880, persons who became blind before completing their first year of life formed 15.3 per cent. of the total reporting, as compared with only 11.6 per cent. in 1910. This decrease is explained largely by the great progress made toward preventing blindness among new-

born infants through the use of the Crede method of prophylaxis for ophthalmia neonatorum, which has been in use since 1884.

Official announcement was made at Cambridge, Mass., September 17th, that duly qualified women registered at Radcliffe College would be admitted to the Harvard Medical School this year. The requirements for admission will be the same as for men. The council of Radcliffe College will confer the degree of doctor of medicine on women candidates who perform the required work, after they have been recommended by the faculty of medicine of Harvard University.

After 106 years as an institution for men only, the College of Physicians and Surgeons, the Medical Department of Columbia University, has decided to admit women on an equal standing with men. This departure is made possible by a gift of $50,000 from George W. Breckenridge, of San Antonio, Texas.

The United States Public Health Service has trapped 615,744 rats in New Orleans in the past eighteen months.

There has not been a single case of yellow fever in the United States since 1905.

Four per cent. of the inhabitants of certain sections of the South have malaria.

Measles kills over 11,000 American children annually.

The Alkaloid of the Peony.

Holste examined the seeds of the peony for the presence of an alleged alkaloidal base. This occurs as an amorphous, yellowish powder, very hygroscopic, and soluble in water. In laboratory animals tested it increased intestinal peristalsis, produced uterine contractions and constriction of the renal arteries, increased the coagulability of the blood, etc. The alkaloid would appear to be indicated in hemorrhages, especially of the uterus, lungs and kidneys.—*Abst. El Siglo Médico* in *Therapeutic Digest.*

NEW APPLICATIONS FOR MEMBERSHIP

November 15, 1917, to February 15, 1918.

Indiana—O'Dell, J. G., Brown Valley.

Texas—Baker, J. M., Haskell; Couch, A. B., Perry; Wood, B. W., Gilmer.

Illinois—Walsh, John E.

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OSTEITIS.

Geo. C. Porter, M.D., Linton, Ind.

Osteitis, or inflammation of the bone, presupposes a periostitis and an osteomyelitis, neither of which exists alone wholly independent of the other. Hence I have chosen the term osteitis to represent that condition of inflammation of the periosteum and animal substances of the bone which are associated in bone inflammation. It is caused from trauma-fractures and amputations and certain constitutional diseases, such as rheumatism, syphilis and tuberculosis.

Inflammation of the bone structure may be divided into four stages: First, period of congestion, in which there is an increased vascularity; second, a stage of softening, which is produced by the absorption of the thin walls of the Haversian canals, canaliculi and lacuna of the bone, with a consequent filling in of spaces with soft animal matter, consisting of embryonic cells and migrating blood corpuscles, which gives the bone a spongy nature and softened condition; third, a stage of breaking down of these animal deposits, when the character of the inflammation is virulent and the resisting powers of the patient are low. This process, however, does not always follow, but is more often supplanted by the fourth stage or process of this inflammation, in which the animal deposits turn into bone, making it more dense and enlarged. This is the stage of chronic osteitis.

The term osteomyelitis refers to the inflammation of the Haversian canals and medullary space of the bone. Periostitis is inflammation of the periosteum, which furnishes the means of nourishment of the bone, hence are associated together in all conditions of bone inflammation.

Bone abscess may be due to suppurative, tubercular or syphilitic osteomyelitis, and, when repair of the bone takes place, it is simply the ossification of granulation tissue which fills in the gap formed by the abscess cavity. It is the same process in the repair of fractures.

Sometimes in the softening stage of osteitis, the bones may be distortioned and bent, producing a deformity when the hardening process takes place. Either long, short or flat bones may be the seat of osteitis; however, it is more often found in the ends of long bones.

I shall now briefly refer to a case under my own care, which illustrates

the deforming of a useful limb and presents an interesting case of pathology. A child, seven years old, rather rugged. History negative as to either syphilis or tuberculosis; parents of German extraction and rather stout. Other children of the family healthy. The little fellow fell on the ice early in November, 1916, bruising about three inches above the knee joint. I was called to see him one week later and found a temperature of one hundred and two, and the child suffering much pain. The parts were swollen and red. The knee flexed at right angles with the femur. A diagnosis of periostitis with a consequent abscess was made. I advised a poultice of flaxseed meal locally. Internally, was given Specific Tincture Aconite, five drops; Specific Tincture Gelsemium, fifteen drops, to a half glass of water; teaspoonful every two hours. Alternated with this was Specific Echinacea, one drachm to a half glass of water; teaspoonful every two hours. He was given calomel, one-tenth grain doses, every hour, for five hours, followed by a saline laxative in sufficient quantity to keep the bowels free daily. After two days' waiting, I again called and found the abscess well pointed; other conditions about the same. I now incised the abscess, which was followed by a free drainage of pus and bloody serum. The limb was allowed to remain in the flexed position. The child made a fairly rapid recovery and was soon out able to play with his sled again. The latter part of December he fell again, bruising in the same field as before. I was again called to see him, finding the limb flexed and with a hard swollen condition of tissue in the site of the former abscess. Poultices were again applied and then indicated internal remedies given. An abscess did not form this time, however; much swelling and fever aggravated by severe pain prevented a very rapid recovery. As soon as the child was able to be brought to the office, I began the use of the violet-ray and Biers' hyperemia over this location. The swelling and pain began to subside readily. This treatment was continued every third day until the swelling had completely subsided, leaving a decided prominence of bone about three inches above the knee joint. The child was unable to straighten the knee and leg in a straight line with the femur. An X-ray picture was now made, portraying the fact of a bended femur as is indicated by the picture, leaving my child a cripple. I mentioned this case in detail to indicate a rather rare sequela of osteitis.

The treatment of osteitis hardly has a place in this paper, however. For completeness I shall briefly outline a treatment, which, after all, must depend upon the cause, condition of patient and the stage of inflammation. First, perfect quiet and rest to the patient and part; second, internally, aconite and gelsemium in appropriate doses to overcome congestion and equalize the circulation in the parts. Unloading the alimentary tract of all toxic material and keeping it clean with saline laxatives, podophyllin, calomel, salol, echinacea, etc. Locally apply libradol, antiphlogistine, ice bag or hot applications, as the case may demand. A good tonic of calisaya, iron and strychnia in appropriate doses to build up depravitated blood is always a good thing. Calcium in some form should always be given. If it be a syphilitic case, neosalvarsan along with the vegetable alteratives should be given. If it be a

Case illustrating bend of femur four inches above knee while in the softening stage of osteitis.

tubercular case, open-air treatment with plenty of nutritious diet, intravenous injections of echinacea and inula compound or the salicylic acid with guaiacol injections would be the best line of treatment. If in spite of such treatment the inflammation continues unabated and abscess conditions having formed, incising the field, chiseling away all the infected bone and allowing thorough drainage to the affected parts will bring about the best results.

FIBROMA IN GLUTEAL REGION.

H. H. Helbing, M.D., St. Louis, Mo.

Because of the unusual size and location of this growth, I thought it might be interesting and profitable to you to report it. It measured about ten inches in diameter, and had become so large that it became ponderous to carry and was an inconvenience rather than a distress.

The patient was about forty years of age and gave a history of having had the tumor for several years. He thought it was caused by bruising his hip riding horseback.

Upon first inspection we thought it might be a sarcoma, although there was no history of malignancy in the family and there was no pain in the growth. Because of these facts we were more inclined to believe it was non-malignant and of hard type.

Roberts, in his "Surgery," says: "These growths may be divided into soft and hard fibromas. The former grow somewhat rapidly, are smooth, rather soft and elastic, and often pedunculated; they are at times diffuse, though often circumscribed and encapsulated, and give rise to no pain or inconvenience except from their weight. On section they occasionally exude a large amount of serous fluid. The hard, fibrous tumors are of slow growth, are smooth, very firm, usually single, generally movable unless having bony attachments, are painless and encapsulated. Fibrous tumors originate from the fibrous tissue of the skin, connective tissue, subcutaneous and submucous tissue, periosteum, fascias, nerve sheaths and other structures, and are found in many situations. They constitute one form of epulis, a variety of naso-pharyngeal polypus and the so-called false neuroma. The last is a fibroma developed from the connective tissue in the nerve and having nerve fibres spread over its surface. The painful subcutaneous tubercle is considered by some a fibroma which has no demonstrated connection with nerve fibres; others think it is a true neuroma or nerve tumor."

This growth was very easily enucleated, being encapsulated and hard. It was found attached to the crest of the ilium by a firm broad band of dense fibrous tissue. There was very little hemorrhage and primary union followed, the patient leaving the hospital a week after enucleation.

I recently had a case of neuroma on the posterior surface of the thigh, which was very small but quite painful. It was so sensitive that the patient could not stand to allow anything to come in contact with it. He had gone to a physician two or three years previously, who had cauterized it

with a hot iron. This relieved him for a time, but recently it had become as sensitive as ever. By the use of local anesthesia I was enabled to enucleate it completely, since which time he has had complete relief from this seemingly insignificant wrong.

PILOCARPUS JABORANDI.

Benj. E. Dawson, M.D., Kansas City, Mo.

I am frequently puzzled to know why "the powers that be" so often deprive me of the privilege of selecting my own subject; also why the subject assigned is invariably out of my domain. Strenuous cogitation in an effort to solve this knotty problem, presented several answers for consideration. Naturally the first was my supposed versatility; the aforesaid powers believed me capable of writing on any subject, however intricate or alien to my field of labor. This hypodermic squirt of pride was very gratifying until I observed my bump of egotism was so tumefied that I feared a brainstorm, which compelled me to abandon this solution as a dangerous conclusion. After rejecting all other whys-of-the-wherefore, it slowly dawned upon my mental horizon that those who knew the least about a subject have the most to say on it.

In dealing with this subject I shall try to avoid the stereotype statements of textbooks, so often spooned out on program papers. We do not come to these meetings to listen to selected statements or quotations from antiquated textbooks. It would be economy in time and money to read them at home. We need something warm and fresh from the heart of personal experience and the soul of observation. I am keenly aware that the foregoing can be readily diagnosed as a typical digression; it was so intended. I wanted to tell it; it has been disturbing the placid waters of my tranquillity on previous occasions when medical men met. It is painful to patiently listen to prosy papers, prolonged through the program period, prepared from post-mortem volumes. It is a great relief for me to give this out, because it is prescribed in specific indications.

Thirty-three years ago I read an article in a medical journal of Cincinnati, by my old preceptor, Roberts Bartholow, on "Pilocarpine." At that time this drug was new and but little known of its medicinal properties. Dr. Bartholow was a progressive investigator, and, in the atmosphere of Eclecticism, initiated the first progress in fifty years in the old school materia medica. His article reported his experience with this alkaloid on himself to test its properties. He injected one-eighth grain into his arm, and, with watch before him, wrote results. In a few minutes his skin was moist and saliva began to flow. In a few minutes more his clothing was as wet as though he had jumped into the river and saliva was flowing profusely; his lungs soon filled with exudate and breathing was shallow and rapid; the heart was depressed with a feeling of approaching dissolution. Becoming alarmed at these serious symptoms, he injected a full dose of

atropine, which promptly gave relief. This was my first knowledge of this potent remedy.

About this time there fell into my hands a case of gastric ulcer, in a lady of middle age, who had been treated for months for cancer of the stomach, the treatment consisting almost wholly of hypodermics of morphia. She was very much emaciated, with the habit firmly fixed, so I felt compelled to continue the morphine. Soon after taking nourishment she would begin vomiting and keep this up until the ejecta seemingly exceeded largely the amount of food and water taken. All the emunctories were locked; the skin was dry, the kidneys going for days without acting; the bowels would not move for weeks. The hypodermics were administered from two to four times in the twenty-four hours, sometimes as much as ten grains being given at one injection. Nearly all elimination was by emesis On one occasion she went twelve weeks with no bowel movement, and twelve days with no urine in the bladder. I know this reads like a dried-up story, but I am relating facts, which my sensitiveness to criticism concealed for a third of a century. Fear of the direful results of autotoxemia spurred my wits; something had to be done or something else would do itself. Medicines would not be retained. My armamentarium at that time was very meager. What could I do? Pilocarpine was suggested as a measure that would open the floodgates and relieve the system of its retained toxins. I reread Dr. Bartholow's experience, as that was all the literature I could obtain giving information on the properties of pilocarpine. My judgment rendered a decision in favor of its administration, but my fear of criticism made me hesitate. That was in my younger days when I was shackled with the chains of so-called authority. I was sure the remedy would relieve her, if her lowered vitality could withstand its onslaught; in other words, "it would either kill or cure." If it killed, my doom was sealed; I would have to select another vocation. I felt that I must do something and gave the pilocarpine as if I were taking a shot at a vicious wild beast in the midst of a bunch of innocent children. I ordered one grain of the hydrochlorate from the city. When it came, folded in a little white paper, I put it in my pocket until convenient to call and take the shot that would decide the fate of both patient and doctor. Imagine my perplexity when, at the bedside, I found my precious powder deliquesced. There was a damp spot the size of a silver dollar in the center of the paper. Removing this part of the paper, I placed it in a spoon with forty minims of water. With small doses, cautiously repeated, I pushed it to effect, which was all that could be desired. Her clothing and bed were saturated with perspiration, saliva flowed freely and she voided a good quantity of urine. Soon danger signals appeared, depressed heart action, oppressed breathing and filling up of the lungs. I gave a full dose of atropine with very gratifying results. I left that sick room weak and faint but victorious. I had fought one of the greatest battles of my life. It increased my boldness in stepping over the picket line of so-called authority.

A middle-aged man, with acute nephritis, continued to grow worse under the care of his two physicians until there was extreme anasarca, with a

train of serious concomitant symptoms. Following the advice of a third physician, pilocarpine was administered, followed by marked abatement of all the symptoms. Proper treatment restored this man to his usual good health.

Several years since I was down with la grippe. There was bursting headache, extreme muscular aching, congestion and engorgement of the mucous membranes, with sensation of fullness and pain across the face and at the root of the nose. A full dose of fluid extract jaborandi ameliorated all those unpleasant and painful symptoms.

This remedy, of marvelous therapeutic potency, is often neglected when it could render most excellent service. It needs to be closely studied and its indications recognized. I prefer the alkaloid, pilocarpine, because the liquid preparations contain jaborandi, which is antagonistic and may disappoint where in excess; also the liquid preparations are not always acceptable to a sensitive stomach.

When the patient's symptoms spell elimination, with an emergency accent I would think of this remedy. It is a powerful sialagogue and diaphoretic; in fact, a stimulant of the entire glandular system. It increases the vagus tone, contracts the stomach and spleen. A coffee drinker, prior to its use, may have normal vagus tone. In thirty minutes after imbibing there will be rapid pulse and irregular heart action. Give a dose of pilocarpine, and in a short time the arrhythmia is inhibited and the tachycardia relieved. The heart reflex is abolished by atropine and accentuated by pilocarpine; hence atropine will quicken the pulse in brachycardia, while pilocarpine will slow it in tachycardia.

From its physiological action we can readily see where it may be indicated in a large number of diseases. One writer claims that he always succeeds in easing down his patients with rheumatism in two or three hours by giving sixteen to twenty drops of jaborandi, followed by a dose of acetanilid, first cleaning out the bowels. In erysipelas and exanthematous fevers its administration is frequently followed by wondrous relief. It is claimed by some to be a powerful anti-diphtheritic. It is worthy a trial in some cases of ptomaine poisoning and in bites of venomous reptiles. It is indicated in many cases of orchitis, mastitis and eclampsia. General pruritus is sometimes promptly ameliorated or cured by its use. It is synergistic with aconite or gelsemium. It is a splendid expectorant in dry bronchitis.

A FEW LEAVES FROM MY OBSTETRICAL DIARY.

W. E. Daniels, M.D., Madison, S. D.

If you will consult your program you will notice my subject given there is, "A Few Annoying Things in Obstetrical Practice," but the subject should have been, "A Few Leaves from My Obstetrical Diary." This paper will be of no special benefit to anyone, and especially you who have been in practice for many years; but to you who are on the threshold of professional life it

may be encouraging to you to know that it is possible to take the wheel horse by the bit and force or direct him as he should or ought to go and according to your directions.

Perhaps there is no branch of the medical profession that will give a new doctor more trouble and annoyance than obstetrical work, for you must do something, and that something must be done right before the eyes of all present, and if it be a country practice or among the poorer class of city practice where homes are not the best and no nurse is employed but the neighborhood grandma or grandmas are there in full force, it is in these cases that the young doctor will sweat blood and wish from the bottom of his soul that the good Lord will remove quickly said neighborhood grandma from his field of obstetrical practice.

Well do I remember the first case I attended. It was one of those unfortunate cases which sometimes occurred in the best of regulated families. The girl was living with her sister and was taken suddenly ill with cholera morbus and grandma was called, but somehow her magic balm failed to stop the severe cramps and the young doctor was called in to assist, not because I was first choice, but because the other doctor was just recovering from a pollution he was unable to attend. I looked very wise, felt the pulse, looked at the tongue, asked all kinds of idiotic questions, but I observed during these procedures that there was a decided spasmodic occurrence of pain. I sent the sister to prepare a mustard plaster and the grandma out to assist and to get some warm things which I told them we would apply, but really my object in sending them out was so that I could get an opportunity of asking a few direct questions to the girl. But, put my questions any way that I chose, I could not get her to own up that anything could possibly be wrong, but she did consent that if I would lock the doors and allow no one in the room but ourselves—and, by the way, let me advise any of you never to practice that procedure as it may get you into serious trouble—that she would consent to an examination. So, when the sister returned to the room she informed her that she wished to see the doctor privately, and when they went out of the room I locked the door and made the examination. I found something filling the vagina full, but what it was I did not know. I could not tell whether I had a head or a breach presentation. The only thing I did know was that she was having pains and that something was coming. I informed her very wisely and seriously that in a short time she would give birth to a child, but she denied the fact that such a thing was possible. Nevertheless in a short time a girl baby was born. Fortunately for me, everything was all right and she would not allow her sister nor even the good neighborhood grandma to enter the room, and told her sister to tell grandma that she was all right and that she could go home and that the doctor was going to stay until she was all right, which, of course, I had to do. It is needless to say in this case that grandma never found out how our cholera morbus turned out, for the child died in a day or so from jaundice.

Case No. 2.—Soon after I settled at Madison, my present location, I was called some seventeen miles in the country to a sod-house to see a lady whom

the messenger said was bleeding to death. They had sent for another doctor, but he was not at home and the new doctor was called. I did not reach the place until about 9:00 P. M. It was a beautiful night in late May and I found the yard full of people and recognized two of the leading obstetrical ladies living in an adjacent neighborhood. I can tell you my spirits dropped down several degrees, for I heard of these women many times before this. I ran the gauntlet of all and entered the sick room, followed closely by these two women, each one talking as loud and as rapidly as she could, and each informing me what she had done and what ought to be done, and at the same time telling the crowd of Mrs. So and So, who was just like this case and that she pulled them through all right, and if this case was handled as it ought to be we could pull her through the same way. Of course, this was encouraging to a young man among strangers and in a strange place, and the only encouraging feature was that I noticed the priest was in the crowd and had greeted me very cordially, as I had met him several times before. It was a case of abortion about the fourth month. The patient had flowed until she was bloodless and pulseless and seemed more dead than alive. I made a hasty examination and found but little dilation, so I proceeded to clear out the vagina and tamponed the part, giving at the same time a hypodermic of ergot and morphine, and, let me say right here, that opium and its preparations will check hemorrhages quicker and more satisfactorily than any remedy known to the profession today, notwithstanding our new preparations. I cleared the room, leaving only two attendants to care for my patient, and I went to bed on a mattress which had been thrown on the floor. Well, my ears sure did tingle for I was where I could hear what was going on out in the yard. I could hear first this grandma and then the other one compare notes and tell the crowd what ought to be done, and, in their opinion, they did not think that that young upstart knew one single thing and he didn't care whether Mary lived or died; if he did, he certainly wouldn't lay down and go to sleep. Eventually I heard them talking to the husband and telling him that he ought to certainly go and get another doctor. I then heard the husband go to the priest and ask him what he had better do. I can tell you I listened very intently to get the reply, because I knew my fate was in his keeping. "Well," said the good father, "he does seem young to handle such a serious case, but really he seems to know what he is doing, and I think you had better wait until morning and we will see what he does then, and if he don't make good we will get another doctor." He then told them that I had told him that if we made the attempt at this time to remove the child and the after-birth that she would die from shock, and I believe he is right in that statement. Glory of glories, I was to live five or six hours longer. Morning came and my patient had bled no more, pulse rapid, very weak, and a faint flush on the face. I sought out the priest and explained why I waited and that if he could wait until we got a complete dilation and a good reaction I could clean out the womb and save the woman, and he said, "Go ahead and handle the case as you think best." I then explained to him my fears that the good old ladies would become quite obstreperous and insist on

calling someone else and that would upset the whole affair, but he said, "You never mind; you go ahead and do your work, and I will take care of the husband and the old women." That afternoon I removed my tampon, gave a few whiffs of chloroform and removed both fetus and after-birth. My patient made a very rapid recovery, and twenty-five years have now gone by and the woman and her family are still singing my praises.

In another case, the neighborhood obstetrician was the coming mother's mother. I was called in the night and the case lingered till after midnight the next night. About that time, and while I was supposed to be sleeping in another room, I heard the old lady go to the kitchen, where Jim, the husband, was sleeping, curled up behind the kitchen stove. Now, Jim was one of the good-natured souls—tall, lean, lantern-jawed, knock-kneed individuals, and talked as slow as he was long. The old lady said, "Jim, Jim, get up and go and get another doctor; this young fool here will let Mary lay there and die," and Jim replied, "What the hell can another doctor do; you won't let this one do anything and what is the use of getting another one?" I got up and went in and talked to the wife, and told her I thought she had better take a little chloroform and that her dilation was sufficient and told her that I thought I would use instruments and she gave her consent, but said to me, "What can you possibly do with mother?" I told her I would attend to that part of it as I had noticed an unoccupied bedroom and the key was in the door. I made an excuse for her to go in the room and get me something and then turned the key on her. It is not necessary for me to repeat what the old lady said to me through the locked door but her "Irish" was sure up. I then proceeded to give my patient chloroform and to deliver the child, and when my patient had come from under the influence of the anesthetic and the baby was crying lustily, I went to the bedroom and asked grandma if she was ready to come and she said, "You wait until I get out." I turned the key and opened the door and fled to the kitchen, keeping the nurse and baby between me and grandmother. She was so angry that she was perfectly speechless. But when she saw the new-born babe and the mother said from the adjoining room, "Now, grandma, don't make a fool of yourself, everything is all right," the old lady looked over at me and I told her, "Grandma, it had to be so." Her great Irish heart forgave me and she came to me holding out both hands and asked that I forgive her. It is needless for me to say that in the years that have gone by I have no better friend nor have I a more loyal friend than this same country grandma whom I locked in the bedroom more than twenty-five years ago.

I shall not take any more of your time to tell you about many other cases fully as exciting and as interesting as these two. But let me give you, as young physicians, a little advice as you are starting out in your life work: First, be clean, be careful and be thoughtful. Your first duty is to your patient, ignoring everything else. Know you know what ought to be done, and then see that it is done. If there are those around who wish to be officious, put them to work. It does not matter whether it is necessary or if it is useful. Keep them doing something so that they may find an escape valve for their

pent-up energy. If there is an unusually officious male member, it is best to send him off to one of the neighbors to get something that you know that you do not want, and, as far as possible and within reasonable bounds, let the good women of the neighborhood help you as much as you can; but you are the engineer and the public will hold you responsible for the case. And another thing let me advise you about—do not sit around and tell foul and smutty stories. It belittles you and in the long run will lose you many valuable patients.

PLACENTA PREVIA.

Benj. E. Dawson, A.M., M.D., Kansas City, Mo.

A few years after graduating, in the early eighties, when my obstetrical experience was rather limited, I was called to the country to see a farmer's wife, seven months pregnant, age seventeen. She was having regular pains every few minutes, and examination revealed a soft, dilating os, with other indications of approaching parturition. I gave a few words of encouragement, washed my hands, took a chair and proceeded to make myself agreeable by conversing with the two old ladies—the mother and mother-in-law.

About two hours passed, the pains continuing with increased severity. I felt that I was occupying the chair of security as well as comfort, with no anticipation or thought of breakers ahead. I noticed about this time she was sighing frequently and called for water. I got up and went to the bedside, when I observed she was very pale with beads of perspiration over her face.

A flood of terror seemed to flash over every nerve in my body, chasing little hot and cold demons up and down my spine. My heart seemed to elevate itself about eight inches, then drop down below the diaphragm, but I did not lose my head nor any time. I double hot-footed the automatic activity. In lifting the cover slightly to make a digital examination, I saw a pool of blood around the buttocks, some four inches deep. There was nothing reassuring in this sight; it rather had a tendency to multiply the spinal demons and increase and diminish their temperature to the extreme ends of the thermometer. I rapidly made a digital examination and found the os well dilated with a central implantation of the placenta. I at once coned my hand and began to bore it through the vulva into the vagina, with the other hand pressing down the fundus of the uterus. She being a primipara rendered it very difficult and painful to introduce my hand. She began to scream, which only spurred my action to more heroic efforts. The two mothers rushed to her rescue, one tugging at either of my shoulders, demanding to know what was the matter and what I was doing. I uttered no word but ceased not my efforts until I passed my hand to one side of the placenta, up past the child's head, got hold of its feet, brought them down and delivered, which was done in short order. The secundines were expelled with the babe. I kept my hand over the womb, kneeding it vigorously until

the hemorrhage ceased, then turned my attention to the child, which only lived a short time.

This occurred one-third of a century ago. I have had considerable experience in obstetrics since then, but I do not see where I could have made much improvement in my management of the case. With my meager knowledge and poverty of experience at that, I must have been guided by a higher power. I was in the country, with no telephones and no time to send for help. Prompt and proper action was imperative. There was no time to even think it over or explain it to those interested. It seemed to come to me intuitively. I believe now I would make an earlier diagnosis, which might modify the treatment, though this is doubtful.

This was my first and only case and I hope it will remain so. Personally, this experience will suffice for a lifetime. I never wish another.

SCARLET FEVER.

A. W. Hobby, M.D., Sidney, Ohio.

Scarlet fever is an acute infection, characterized by a chill, headache, backache, sore throat and fever. This in two or three days is followed by a skin eruption of variable degree, appearing first on the neck and chest.

The above must be true as it is the preliminary statement in every article I ever read on this well-known subject.

The early diagnosis of a case of scarlet fever is, to my mind, of utmost importance, and the institution of proper treatment at the beginning will do much to prevent the unpleasant complications that accompany or follow an attack of this malady.

The child, and this is ordinarily a child's disease, will usually begin by vomiting, complain of headache, sore throat and present the usual febrile symptoms. Quite early, too, there will be marked lymphangitis in the cervical region; indeed, out of proportion to the apparent pathology, and the sore throat presents a general pharyngitis rather than tonsillitis or diphtheria. This should be enough to arouse one's suspicion of scarlet fever even before the appearance of the eruption, which may be two or four days after the onset.

Predisposition (Holt's "Diseases of Children"): "The susceptibility of children to the poison of scarlatina is much less than to that of measles; still it is greater than that of adults. Billington records observations made in twenty-six families living in tenements, where little or no attempt at isolation was made. In these families there occurred forty-three cases of scarlet fever, but forty-seven other children, unprotected by previous attacks and constantly exposed, did not contract the disease. Johannessen reports that of 185 children under fifteen years of age who were exposed, 28 per cent contracted the disease, while of 314 adults only 5 per cent. contracted the disease. The susceptibility is not great in early infancy, increasing up to the fifth year, when it steadily diminishes."

In the spring of 1910, I was called in consultation in a home where there had been one death and where there remained six cases of sickness in the same house, said to be measles. The patients, one adult and five children, in fact had scarlet fever, and, after some argument, the doctor then in charge very reluctantly admitted the latter; proper measures were instituted, with recovery of all the cases then prevailing. It was determined upon the arrival of a certain family to visit at this home that toys and books stored away eleven years before were gotten out to amuse these visiting children, and that these toys and books were the source of amusement for a child then a victim of a severe case of scarlet fever. Of course, it was conjectural whether or not these toys were the real source of this infection; many will say it is impossible, but I know there were no other cases in the neighborhood, none before and none after this unfortunate circumstance, and I fully believe the toys retained and conveyed this infection.

Regarding the Treatment of Scarlet Fever.—Modification of the fever is the first essential, and for this no remedy is more active than belladonna. For the lymphangitis, give phytolacca and echinacea. For the foul-smelling throat, use a wash or spray of echafolta and chlorate of potassium. When desquamation begins have the skin rubbed with a 5 per cent. solution of carbolic acid in olive oil, which has a two-fold action—that of relieving the itching and preventing the scales from flying loosely about the house. Frequent urinalysis should be made, as acute nephritis is a frequent complication. Otitis media, sinusitis and suppurative lymphangitis also occur in the severe types of scarlet fever and will require special treatment when present.

Summary.—Belladonna is the best primary remedy. Phytolacca is indicated for the glandular affection. Asclepias when there is excessively high temperature with hot, dry skin. Echinacea or echafolta should be used both internally and locally in the throat, and use the usual hygienic and dietary rules that apply to all febrile conditions. Middle-ear disease and sinusitis will be prevented largely by the persistent use of antiseptics in the mouth, nose and throat. Acute nephritis is not necessarily fatal if recognized and treated early, for in my own practice of eighteen years I have never had a mortality either from the fever or its sequelæ.

THE USE OF HOT WATER IN OBSTETRICS.

Florence Stir Smith, M.D., Newark, Ohio.

I never feel I have done my full duty in a case of confinement unless I have given a cleansing hot douche before the birth of the child. The vaginal tract should be thoroughly cleansed with an antiseptic solution as a necessary precaution for the baby's eyes. An enema should always be given to cleanse the bowels and it also aids in labor.

When called to a case of confinement, as soon as I ascertain that the patient is in actual labor, as soon as possible I give a hot douche, using the Kelly pad, so the patient can lie comfortably in bed and keep well covered.

The water is allowed to flow very slowly and used as hot as can be borne. After using several gallons of water, if there is not complete dilatation, or if there is and pains are slowed, then give an enema to cleanse the bowels; then I have the patient use the sitz bath, using an ordinary wash tub. If possible, I have them put their feet in the tub. If not, I have the feet well wrapped and apply hot irons or hot water bottles to them to aid in relaxation while in the bath, warm blankets thrown around their neck, covering them and the tub completely. As the water cools, add more hot water, pouring a little hot water in at the side of the tub and keep the water in motion so patient does not get burned. Keeping the water as hot as the patient can possibly stand, keep them in the water until perspiring freely, allowing them all the cold water they want to drink while in the water. Keep the room comfortably warm, not hot. They should be kept in the hot water until complete dilatation and until the pains are very frequent and strong, or until the patient becomes weary; then remove to a comfortably warm bed and allow them to rest. If necessary, they can be returned to the water. If severe suffering and not much progress is made, it is no trouble, as a rule, to keep them in the water because the heat modifies the pain to such an extent they prefer to remain in the water. Many times it is necessary to insist upon them getting to bed when the labor is progressing very rapidly.

The physician can, if necessary, make examinations in the tub; the position they assume in the bath aids labor very much. I usually have someone sit at the back of the patient with pillows upon their laps for patient to rest her head. It is remarkable how much relief it gives a patient; they become very quiet after being very restless.

I sometimes use quinine if I think the pains are not strong and frequent enough. When the patient perspires well there is no need of any morphine, and in all normal cases no need of instruments. True, it requires maybe more time and patience, but the perfect recovery of such cases amply rewards one for all time and patience.

Often when labor seems slow from no seeming cause, I have used a pretty warm enema, not so much to relieve the bowels but to stimulate the pains. They become more frequent and stronger. Recently I had a case in which the woman had a lax abdomen, the pains did not seem to engage the head as they should, owing to the obliquity of the uterus. I used the enema, and when the patient got up to the slop jar we were compelled to remove her to bed in a very short time to prevent the birth of the child into the jar. She had made practically no progress for at least two hours, the head would not engage. Not only the heat but change of position aided this case.

The case in particular I remember and always shall, was a second confinement; the first was bad, this one worse. The woman suffered dreadfully for twenty-four hours. I gave all the morphine I felt I could, yet no progress. No more dilatation than when I made my first visit twenty-four hours before. Being an Italian, there was some difficulty in getting her consent for the sitz bath. The tub was of sufficient size to accommodate both feet and hips. She was not in the tub a short time until the pains were lessened in

severity and she remained in the water until we insisted on her getting into bed. I was anticipating an all-night siege; it was 7:00 P. M. when she got into the bath; at 9:30 P. M. the child was born. Complete dilatation of the cervix, complete relaxation of all necessary parts. In less than eighteen months she was again confined. She suffered from Saturday until Wednesday morning, refusing both douche and bath; she said she felt too bad. At this birth there was some laceration of the perineum, due to lack of relaxation. This is just one of many experiences.

We have no fear of locked-up secretions after such a labor as we are after resorting to morphine. The patient does not get exhausted and the position in the tub aids the labor. She even does help herself much better than in bed. When we find a case which does not take kindly to the tub, we keep up the douche and we get good results; yet the sitz bath is less trouble and the woman has a better chance of aiding the labor.

PNEUMONIA.

IRA F. HAWLEY, M.D., CANANDAIGUA, N. Y.

When our able and worthy president requested me to write a paper on pneumonia in children I very reluctantly consented. However, I will give you some of my experience.

If the child cries or grunts when it coughs, if it has accelerated breathing and pulse with high temperature accompanied by dullness on percussion and crepitation by auscultation, I diagnose my case pneumonia. The pulse, respiration, temperature and color should be watched closely and the chest examined daily. It is better to change the position of the child occasionally.

In treating pneumonia in children, the room should have plenty of fresh air at 68° to 75° F., but with no direct draft on the patient. The child should be fed every two hours on milk from cows, which have been grained, as it contains more nourishment. Give liquid foods, such as liquid peptonoids, during the fever and sustain the vital forces with tonics, such as arsenicum, nux or ignatia, with laxatives as needed. Put a couple of nails across the top of a lamp chimney, invert the top of a baking powder can, and put pine tree tar in it; light lamp. The patient will get the fumes, which will loosen the sputum as well as act as a disinfectant.

Keep antiphlogistine applied to the chest and back throughout the case as needed. The critical days may be considered third, fifth, seventh, ninth, eleventh, seventeenth, twenty-first, thirty-first and thirty-fourth. If sweats occur on these days it denotes a favorable turn of the disease, while if they occur on other days in pneumonia and fevers, it signifies exhaustion and relapse. I have never known it to fail.

I have no set rule for treating cases of pneumonia. I meet the indications as they arise, watch closely for any unfavorable symptoms, and prevent them, if possible, by guarding against them in my treatment. If called

when first taken, give a good thorough sweat, after which bathe with hot vinegar.

Specific tincture aconite, drops two to five, according to the age of child and intensity of fever; teaspoonful every hour. If child makes a noise when it breathes or coughs, add asclepias, 5 ss, to the aconite in the glass with one or two drops of ipecac; if asthmatic breathing, spongia, drops ten, instead of asclepias. Give a two-grain powder of ferrum phosphate, 3 x, every two hours.

Second stage, bryonia, specific tincture, to oppose breaking down of tissue and reduce fever; kali mur., 3 x, to remove infiltration. If mucus is tough or tenacious, would give stillingia liniment, two or seven drops, every ten to sixty minutes or two hours, as needed; also tartar emetic. Should cyanosis supervene I should use subculoyd lobelia; it has done well for me.

I have been very successful in this disease. I haven't given the size of dose, as I am governed by the intensity of the disease and the temperament of the child.

POST-OPERATIVE TREATMENT OF ORIFICIAL CASES.

Henry E. Beebe, M.D., Sidney, Ohio.

Dr. Pratt has well said: "Everyone expects too much from the operation and neglects too much the after-attention." The too prevalent idea is broadcast, not only with the general profession, but with the laity as well, that the primary, the first piece of work executed upon the patient by the orificialist, is all that is necessary in the majority of instances to cure the invalid of his maladies. This is a grave error and is frequently promulgated by overzealous, enthusiastic workers in this field of special practice. There are cases where this is true, but to have a complete cure result with a single treatment is the exception, and to advocate this idea as general is to bring disrepute and criticism on the work.

It is not often that more than one radical or primary treatment is needed, but after-treatment, of a milder nature, should be resorted to to secure the best result in most instances. This may consist of various modes of treatment and methods of handling the orifices according to the exigencies of the patient.

Never promise the patient too much from the first operation. If the case proves to be a favorable one, well and good; it will be no detriment to you nor to the patient if complete recovery follows the first work; but if you promise everything from the original treatment and fail you are likely to have trouble in gaining consent for secondary work. This applies more especially to the general practitioner; in hospital work it may be different.

After-treatment should be followed persistently until a cure is established. I do not say *must* be, for many cases fully recover in time without further treatment, but improve much more rapidly with suitable attention. It requires good judgment to know when attention is necessary. Seldom molest a patient while doing well, but be sure you know what is *doing well.*

In most instances it is proper, after all traumatic irritation has disappeared, to make a careful but thorough examination of your work, and it may be best to do this under an anesthetic. If results be perfect, this examination can do no harm; if not, it is necessary. Results may be very gratifying to the patient and yet not be what you desire or can have by following the case further.

The patient will often say, "I am perfectly well, considering my condition previous to operation. I suffer from a few minor symptoms, but these are slight compared with my former trouble." These symptoms can probably be removed by continued treatment, and often very mild means will do it. Whatever it be, follow to completion. Occasionally we meet with a patient where the work has aggravated the patient's symptoms or added new features to the case. Traumatism has added fuel to the flame and now this must be overcome. Here you may have more difficulty than with the first malady, but be not backward in persevering; it will never do to stop here. Cicatricial tissue can cause serious trouble after *all* surgical work, but it is rare that it can not be remedied. Most aggravated abdominal adhesions are common after laparotomy and frequently need to be remedied.

The physician and surgeon in his daily work, like all other men, makes mistakes and blunders. Often the best lessons are taught by these mistakes, or perhaps the most skillful treatment will not terminate as we wish. We are not always to blame; other influences mar good progress and results; often the patient is wholly at fault. The thorough surgeon values after-treatment no less than preliminary work, and it is the minor details of this treatment that may demand most attention. Watch the case closely, continue treatment until the orifices are of normal color, neither too livid nor too pale; see that the sphincters are smooth and dilatable; remove all cicatricial bands and points of irritation.

After the needed American clamp, or Whitehead operation, secondary work is usually imperative before the best results are obtained. After uterine cervical work, especially trachelorrhaphy, examine local results. Slight contractions and points of irritation may follow, even when pockets and papillæ have been removed, though this is not common. Careful handling is quite necessary in most forms of male urethral troubles, especially about the prostatic inch.

Always remember that while orificial principles have made strides in the treatment of disease, they have their enemies yet. We find those who are skeptical, prejudiced and ignorant of the work and its methods. Such are never slow to grasp fallacious ideas that are sure to creep in, too often from enthusiastic advocates. Proper orificial work is a great success, but must be carried to completion. Never abate your attention until the great sympathetic system of nerves is doing its work well and in perfect harmony with the cerebro-spinal system; that is, until there is a perfect, healthy capillary circulation in every part of the body, when the vital forces of the organism have full sway. Do not always expect this from a single piece of work, for, if you do, you may be disappointed.

TUBERCULOSIS—INDIVIDUAL PROPHYLAXIS IN.

J. Walter Pruett, M.D., St. Louis, Mo.

The wisdom of man has all but been exhausted in an effort to establish a prevention or cure for the disease under consideration, but failure has succeeded failure as night succeeds day, notwithstanding enough cures are made and a sufficient number of cases prevented to prevent physicians from retreating from the field because the task is a hard one. It being, however, a disease more easily prevented than cured, we follow the line of least resistance when our efforts are directed toward prophylaxis. The wisest course to pursue in all individuals with a strong predisposition to tuberculosis is to use prophylaxis, thereby minimizing the total number of deaths in one of the most fatal diseases known to civilized man.

Calmette tells us that: "Feeding young infants on a strain of attenuated doses of tubercle bacillus while the intestinal walls are still in their primal, comparatively permeable condition will immunize by producing lymph nodes." Still, we are not to undervalue the fact that fully 75 per cent. of all cases of tuberculosis upon careful examination are found to contain a "mixed infection." Streptococci, staphylococci, influenza bacilli and the pneumococci are among the bacilli most frequently to be encountered. So in fighting the primary disease, familiarly known as tuberculosis, we are to combat not only Germany, spelled with a large G, but Austria and others of the Teutonic allies, and especially the influenza bacilli. Multiplied thousands of cases of tuberculosis are prevented by freeing the systems of our patients from the germs mentioned. How often do we meet cases giving a history of having begun with a pneumonia or la grippe? Medical examiners for life insurance meet applicants every day who will frankly admit having lost a member of their blood relation with tuberculosis, but not of a "hereditary type," but that it was contracted through a cold.

Remove strong drink from our land—inaugurate world-wide prohibition, if you please—and the percentage of deaths from tuberculosis will be reduced to a degree surprising to the medical profession, and it's barely possible (I'm sorry to say) that not a few doctors would be spared from the list of casualties. A change of climate, outdoor life, plenty of sunshine, a correct diet and clothing will do their part toward keeping the predisposed within the safety zone, but even more than that is demanded, viz., that a sound mind be housed in a sound body; this (apparently insignificant deviations from health being corrected in time) will do much to prevent the incipient stage. Sexual, mental and physical excesses, coupled with a social disease, or alone, produce a lowered vitality, making it an easy task for the tubercle bacillus to begin his work of destruction in the human organism.

Last year I was called to see Miss Violet F———, aged nineteen years, who was suffering from incipient tuberculosis, superinduced by a uterine leucorrhea, hard study and confinement in high school. In less than three months she was dead. In my candid opinion, had she been made to remain

outdoors more and had the uterine disorder corrected she today would have been enjoying as good health as any of us. What should I have told the mother of this girl—that it could have been prevented? She would be only made to think of the poet who said:

"Of all sad words of tongue or pen,
The saddest are these: 'It might have been.'"

Gentlemen, it is our duty and should be our desire to educate the people in right living, and in so doing we teach them the means of avoiding one of the gravest diseases known to the medical profession, a disease with such far-reaching and destructive consequences that it is as much to be dreaded as a machine gun of war, a curtain of fire, or the U-boat of an imperial government.

DISCUSSION.

Dr. W. N. Mundy, Forest, Ohio: I have studied over this matter a good deal, read statistics on the prevention of tuberculosis, and I have come to the conclusion there is a vast amount of money absolutely wasted in the prevention of tuberculosis. I can not see that our tuberculosis associations are getting anywhere so far as prevention is concerned. If you secure the reprints from the United States Public Health Service you ought to read the reprint on tuberculosis in Cincinnati. These government bulletins contain a volume of information that you can not get in textbooks or any place else. They are written by specialists, that is true, but they take in an entire section and are full of valuable information. The United States officials that made the survey say there are three things to overcome in the prevention of tuberculosis—poverty, bad food and bad housing. Poverty, of course, means bad food and bad housing; poverty, therefore, occupies first place.

Now, what do our public officials do with large appropriations? Let me give you an illustration from my experience in Ohio. I forget how much we appropriated last year. We have a tuberculosis sanitarium at Mt. Vernon, a beautiful place, everything conducive to health. We also have counties that maintain tuberculosis sanitariums. I had a family where the entire family was inoculated from the mother. The mother and a nursing baby died, and then there was a little fellow that was tubercular and a girl that was commencing, and I appealed to the state authorities, asking if they could do anything to assist me. What was my answer? In about ten days a visiting nurse came to my office and told me who she was. I took her out to the home where the sanitary conditions were absolutely bad, with a girl of fifteen taking care of five, herself a victim of tuberculosis; a little one sitting in a chair in the last stages. This nurse talked about sanitation, said they must eat eggs and drink milk, and left them some pamphlets. When she left I said, "I have done that time and again. What are you going to do to relieve this family?" She said, "I can not do anything unless they have money."

Why are we maintaining a sanitarium at Mt. Vernon? These people can not pay. Is the sanitarium for those who can pay $5.00 a week? With all the appropriations that our states are making they do not help those that absolutely need it. Personally, I do not believe you will ever stamp out tuberculosis until you get at the root, and that is poverty. The plutocrats maintain the tenements in our large cities—it is not the man of average means, it is the plutocrat. You must raise the level of the people, give them food, fresh air and sunshine—better living conditions. You must commence at the bottom, not at the top.

THERAPEUTICS OF OTITIS MEDIA.

W. N. Mundy, M.D., Forest, Ohio.

This may look to be a small subject, yet I want to assure you it is a very large one. It would be impossible within the time allotted one to consider it adequately. At first thought, I did not really know whether it was intended for me to discuss the therapeutics of acute otitis media in its various phases or the chronic type. Being uncertain just how to proceed, I have determined to touch very lightly upon several phases of the trouble.

Acute inflammation of the middle ear is commonly divided into the catarrhal and purulent forms. As one form frequently runs into the other, it is extremely difficult to make a distinction early. The first form in children is frequently due to diseases of the nasopharynx; therefore, in children subject to "earache," an examination of the nasopharynx should be made.

Enlarged tonsils or adenoids should be removed for a permanent cure. Should the attack be associated with any form of tonsillitis, which is usually the case, aconite is given internally in the small, frequent dose, alternated with phytolacca. The phytolacca is indicated by the swollen tonsils and enlarged glands. If, on the contrary, the earache is accompanied by catarrhal symptoms or a cold in the head, such as watery eyes and a thin discharge from the nose and fever, the prescription would read: Aconite, alternated with rhus tox., or they may be given in combination every hour. Should the face be flushed, eyes red and bright, and the patient, a child, have a high temperature, and should it show an inclination to have spasms, gelsemium would replace the rhus tox. Occasionally we have used pulsatilla.

Should the process go on to suppuration, we give calcium sulphide. However, this is not always the case. The child may have enlarged glands, be pale or anemic, when the syrup iodide of iron would replace calcium sulphide. Especially would we think of this if the child had adenoids or had just had them removed.

Children with catarrh or suffering from bad throats are prone to suffer from "earache" or catarrhal otitis media. Such being the case their throats need treatment. In other words, it does not suffice to treat the ear alone.

So much for internal medicines. Locally, I apply heat, either in the form of the hot water douche or hot pack. When these do not suffice, I instill into the ear a preparation containing cocaine and morphine and atropine, one grain each, to one ounce of water. This to be warmed and dropped into the ear as often as necessary. No oils, no greases of any description are to be used. Should suppuration occur, a paracentesis may become necessary not only to alleviate pain, but to evacuate pus. Whether the paracentesis be employed or not, when suppuration has occurred the ear should be treated as we would any other suppuration. This means cleanliness and drainage. I usually prefer to clean the ear myself. This, however, is not always possible in an acute case with free or copious suppuration, so the

nurse is instructed to douche the ear as often as may be necessary to keep it clean, the amount of discharge governing the frequency of douching. I have practically confined the use of peroxide to office work only. No packing the ear with any powder is used in an acute case. Should the discharge be prolonged, the douching is followed by the application of some remedy on the cotton applicator. In this manner a solution of nitrate of silver, eight to ten grains to the ounce, where there is granulation; diluted calendula or echafolta have been used by me. Should the discharge become subacute or chronic, then a dusting powder may be used, but never packed into the ear. As a dusting powder, nothing excels, in my opinion, calendulated boracic acid used by insufflation. We have often used alcohol in this manner. Of course, these applications are made by the aid of illumination. Many other remedies are used in the same manner. Those named are the remedies with which I am familiar. The two things needful in treating these obstinate cases of suppuration are patience and perseverance. Too often the patients are allowed to become indifferent and lax, and what would have been a curable case becomes chronic with an involvement of the ossicles and bony tympanum, necrosis and necessary surgical interference.

TEMPERAMENTS.

W. E. Daniels, M.D., Madison, S. D.

I shall not attempt to go into details and define all temperaments as described by older writers, but simply to call your attention to a fact known to most of us that temperatments make a great difference in our treatment of diseases. Most writers at the present time recognize but three temperaments—sanguine, nervous and lymphatic—and I am not quite sure but these are somewhat imaginary or artificial; yet it can not be denied but what these temperaments call for a special and distinctive treatment in the same disease.

The sanguine temperament is usually recognized in persons who are ruddy and bright of complexion, rather small head, are quick, active and determined, arteries large and veins small; at least they are warm-blooded, think rapidly and act quickly and decidedly. In illness this class of patients develop acute diseases quickly, such as inflammatory rheumatism, gout and active hemorrhage. These are the men who do things and dominate their fellowmen. They must have a quick, thorough treatment. Sedatives work well with them and pain is very acute and must be controlled. Their crisis comes as quickly as the onset and recovery is as rapid.

Nervous Temperaments.—Usually skin is dark, sallow or earthy; is hot and pungent to the touch, the cranium is large compared with the face, muscles spare and not very large but hard; chest, narrow and an excessive venous circulation. Affection violent and hatred equally so; mental power capable of much exercise. These people are prone to congestion, neuralgia, hepatic trouble and constipation. They stand fatigue well and are usually

people who teach and lead their fellowmen. They usually take disease very slowly or seldom; have great resistance. They are prone to chronic diseases, yield slowly to treatment. It is this class of patients that worries the life out of the doctor; live to a good old age and seemingly enjoy poor health.

Lymphatic.—Usually large, ungainly, ill-proportioned, having large hands and feet; light or light-reddish hair; sallow or pasty complexion. Have large muscles, move slowly and awkwardly, chest full and large. They have mental firmness, usually good judgment with but little energy. Resistance to acute diseases inferior to the other two temperaments; decided tendency to chronic diseases.

In treating these temperaments one has to give large doses, and usually heart trouble, combined with asthmatic trouble, is one of our complications. If one will bear in mind these three types of patients it will give him a decided advantage in treating acute and chronic diseases.

Let me give a few examples and it will illustrate my point: Some time ago I had a case of measles in a decided sanguine temperament. I had the usual belladonna symptoms and gave it. My patient failed to break out and became worse—wild, delirious, dry, hot skin—after three days of my best efforts and that of a good nurse, and all this time my belladonna symptoms. In desperation I gave full doses of gelsemium. I went to the country and returned in four or five hours, and presto! my measles had broken out, patient quiet and perspiring, and a rapid recovery was the result. What was my trouble? If I had had a bilious temperament my case would have done well from the start, but my case called for gelsemium and not belladonna owing to temperament.

Case No. 2.—Typhoid in mother and daughter. Mother dark-skinned, dark eyes and hair; daughter light-skinned and blue eyes; both had congestive symptoms and both got belladonna. Mother did fine and daughter became delirious and raving. Later gelsemium was substituted for belladonna and the daughter showed immediate signs of improvement. I had lost sight of temperament.

The observation of temperament in rheumatism is of great importance. Some years ago I treated a nervous temperament with macrotys and colchicum without result. Later I gave podophyllin and nux and my case began to recover immediately because I had noted I was treating a bilious temperament.

All of us like to succeed, but sometimes we fail and failure is because we lose sight of some very small things. We love to do great things, but let me give you an axiom: "If you would do great things, do small things often." Some people, and even doctors, love often to splurge. If it is in surgery, they love to see how much they can cut and how much blood they can take from the poor victim. Did you ever stop to consider that "the louder the tick the cheaper the watch?" And, in my humble opinion, the showy, flashy doctor is like the loud-ticking watch. So I beg of you, observe little things if you really covet big ones. I won the gratitude of the parent

and through them the neighborhood by applying a little cocaine to the surface of an abscess on a baby's neck before I lanced it. It took me twenty minutes but it paid.

I won a millionaire family at one time by using glycerine suppositories with their very sick boy, whose rectum was so sore that a syringe could not be used but the former doctor insisted it was the only thing.

In a Catholic neighborhood at one time another doctor was attending a prominent lady patient. She needed echinacea and he was giving it. She soon complained and got so the thought of taking it nauseated her and they called a doctor who would give her more pleasant medicine. I gave her echinacea in good, full doses, but I put in four drops of cinnamon and a teaspoon of glycerine and the mixture was fine and she loved to take it. She was a highly developed nervous temperament with a very acute taste. I observed this and acted accordingly.

Some days ago a young man from a neighboring city came to me accompanied by his father and brother. After examining him I said, "You are using too much tobacco and it is affecting your circulation." He replied, "My brother, younger than me, uses twices as much as I do, and my father smokes all the time and it don't hurt them." I said, "Yes, look at your father and your brother; both have dark eyes, dark hair, are really brunettes; you are light-haired, light blue eyes, highly strung and nervous, undoubtedly take after your mother, and that's the difference. Stop your tobacco and I will cure you; or keep on, be a nervous wreck and die young." Two weeks' time with no usage of tobacco cured the case.

OBSTETRICAL EXPERIENCES.

B. K. Jones, M.D., Kenton, Ohio.

Having had some unusual experiences in my obstetric practice, I shall record a few of them briefly.

A number of years ago, while attending a Mrs. K———, I found upon my first examination the os well dilated and the dorsum of the child presenting with the head held firmly to the left side of the womb. After a few futile attempts to bring the head down, I produced podalic version. Finding the advancement of the body impossible because of traction of the cord, I ligated and cut the cord, which was very short and was wrapped three times around the neck of the child.

Mrs. L——— applied to me for a laxative. She stated that she was seven months along in the period of gestation and asked if the medicine would harm the child. I said to her, "You are surely mistaken about the time," as there was no external appearance whatever. In a few weeks the husband came in and expressed much concern because of lack of development. He, with the aid of the neighbors, had cultivated some morbid fancies that there might be some malformation that would not develop into a

child. I assured him that if they exercised a little patience they would be rewarded with developments in due time.

After a few months the husband called upon me to attend his wife, but being in attendance upon another woman I could not go, but had him secure the services of another doctor. The doctor informed me the next day that the woman was about six months pregnant.

About two months later, while attending another woman in his neighborhood, he called me out and stated that his wife was growing so large that he feared that she would burst.

In about three weeks he came to my office and insisted that I should go out to see his wife. He said, "There's got to be something done; that it had been twelve months last Sunday since she became pregnant."

I assured him that he was mistaken and that he should return home and call me whenever there were signs of labor. Two days later I was called and found nothing abnormal.

About 5:00 P. M., A Mr. C——— called me to attend his wife, stating that she had no pain but the water had broke. Being very busy, I instructed him to return home and notify me whenever the pains were fairly started. He notified be about 9:00 P. M. Upon my arrival, I watched the woman from the corner of one eye and observed that she was having no pain and finally asked her to lie down and allow me to make an examination. I stated to her that from the lack of obliteration of the cervix she would not be due for five or six weeks. She insisted that her time was up and that she would be sick that night. I said to her that her experience was limited to three while I had seen a good many hundred and that I knew more about this than she.

The husband came in two or three times a week and reported all manner of tales reported by the neighbors of cases in which the child was dead and the mother suffered from "blood poison." We chewed the juice all out of the rag and in just five weeks from the first call the woman had a perfectly normal labor and the child cried as soon as it was born.

Mr. C——— summoned me hurriedly to attend his wife, and upon my arrival found that she was not only not in labor but I could see no signs. She assured me that she had felt motion four and one-half months previously. Upon making an examination, I stated to her that she was about four and one-half months along now. The motion that she had felt was emotion. She was convinced in just four and one-half months after this examination.

Mrs. R——— gave birth to a child having a perfect sphere covered with normal integument. The ball was about the size of a small return rubber ball and was suspended from the base of the little finger by a string of skin about six inches in length. In reply to my question as to how she had done this she stated that the boys had teased her so much with the return rubber balls.

Soon after this, a Mrs. T——— gave birth to a child minus a thumb from one hand. She explained this by stating that the former baby, aged

about one year, persisted in sucking its thumb, and that she had tried every way to break it of the habit and had threatened to cut it off. She cut off the thumb of the unborn child.

Someone has said that our destiny is about equally controlled by heredity and environment. We know that maternal impressions sometimes exert greater influence than either.

SOME FACTS GATHERED IN A FIVE-YEAR COUNTRY PRACTICE IN OBSTETRICS.

W. D. Akers, M.D., Ada, Okla.

In a five-year country practice I attended three hundred and seven cases of confinement—one hundred and fifty-eight boys, and one hundred and forty-nine girls, with twenty-five forceps deliveries—fifteen girls and ten boys. I gave pituitrin in forty-nine cases; four times the baby was born in about seven minutes after receiving the hypodermic, and eighteen were born in from fifteen to twenty-five minutes, and twenty-seven were born in from thirty to sixty minutes. Six times the second and third doses were given before satisfactory results were obtained. Four times the results were negative or unsatisfactory.

I had lacerations of the perineum in greater or lesser degree in thirty-six cases, but in this number I never had a complete laceration and all cases were immediately repaired with a varying degree of success.

No mothers died in confinement. Had one case of puerperal septicemia which recovered. Had six cases that had varying degrees of local infection. Two cases had pyelitis and one had nephritis, which died three or four weeks after confinement

Had three breech presentations, two foot presentations, and one shoulder presentation. Had two still-births, one the result of prolapsed cord, child dead on my arrival; the other died some days before birth from some unknown cause.

Did two podalic versions. Gave H. M. C. to two hundred cases, and as the head distended the perineum, I gave enough chloroform to render the mother insensible to pain. To all cases gave enough chloroform to produce insensibility just at the last, thereby bringing down the blessings of the patient upon my head, and have several times heard the older ladies, who are usually in attendance upon such occasions, say that the pain and suffering in childbirth now is nothing to be compared with what they had to endure when they were young and raising families. In five years have had an average of sixty-one and two-fifths cases per year, or five and seven-sixtieths per month, or one and sixty-seven two hundred and fortieths per week.

Two hundred were born between the hours of twelve midnight and twelve noon, ninety-seven between the hours of twelve noon and twelve midnight, and a hundred and eighty-one were born between the hours of 8:00 P. M. and 8:00 A. M., and one hundred and twenty-six were born between

the hours of 8:00 A. M. and 8:00 P. M., showing that the majority of this work was done at a time when I should have been at home sleeping.

Of the whole number of births attended, eighty-six were first children, fifty-one were second children, thirty-six were third children, twenty-nine were fourth children, four were fifth children, eighteen were eighth children, fifteen were ninth children, and fourteen were tenth children.

Twenty-six boys weighed nine pounds each. Eighteen weighed ten pounds each. Ten weighed nine and one-half pounds each. Seventeen weighed eight pounds each. Six weighed eleven pounds each. Seventeen weighed seven and one-half pounds each. Twenty weighed eight and one-half pounds each. Ten weighed six and one-half pounds each. Eighteen weighed seven pounds, and twelve weighed six pounds each. Total weight of all boys is one thousand two hundred and sixty-six pounds, and the average weight of the boys is eight and five-ninths pounds.

Eighteen girls weighed seven and one-half pounds each. Seventeen girls weighed eight and one-half pounds. Ten weighed ten pounds. Nine weighed nine and one-half pounds. One weighed sixteen pounds. Nineteen weighed nine pounds each. Four weighed eleven pounds each. Eight weighed eight pounds. Seventeen weighed six and one-half pounds each. Twenty weighed six pounds each and twenty weighed seven pounds each. Total weight of all girls is one thousand and sixty-seven pounds. The average weight of the girls is nine pounds; all boys together weighed one hundred and ninety-nine pounds more than all the girls together, but the average weight of the girls is four-ninths of a pound more than that of the boys. I also find that one hundred and sixteen boys were born between the hours of 8:00 P.M. and 8:00 A. M., and that ninety-eight girls were born between the hours of 8:00 P. M. and 8:00 A. M., or that eighteen more boys were born during the night time than girls, and at this point I would suggest it would be well to learn how to determine the sex before birth that you could be able to fix the fee accordingly, for the fee should be higher for night work than for day work.

Abortion and miscarriages average five cases per year, or twenty-five in five years, and delivered two sets of twins—one time a boy and a girl and another time a girl and boy. Had one case of puerperal convulsions and two serious cases of postpartum hemorrhage, which was controlled with glonoin and atropine and emetine hydrochloride hypodermatically.

The combined ages of both fathers and mothers are 13,948 years; the combined ages of all fathers are 6,974 years; the combined ages of all mothers are 6,900; the average age of the father is 22 307/220; the average age of the mothers is 22 307/146. The youngest father is sixteen years and the youngest mother is fifteen. The oldest father is fifty-three years and the oldest mother is forty-nine.

Such are the data taken from an incomplete obstetrical record kept for five years. I am very sorry that I did not commence a complete record at the very beginning of my practice nearly twenty years ago. I realize now that if I had I could have had something of interest to offer you at this time. I would urge all to keep a complete record of their obstetrical experiences.

GOOD MEDICINES AND HOW TO MAKE THEM.

W. L. Marks, M.D., Grand Rapids, Mich.

The best tincture that can be made from a bark, root or plant is one that represents the article taken from its natural habitat in odor, taste and strength. Any doctor can make a good tincture by being careful in manipulation of the article and menstruum.

Taking phytolacca, for instance; we will proceed as follows: Dig medium-sized roots—not too young nor too old—cut into fair-sized pieces, wash, clean and scrape off any foreign particles; then slice and put it in a shady place for twenty-four or forty-eight hours so the water may evaporate. Then, with a block of smooth, hard wood or iron and a hammer, crush reasonably fine; pack it into a fruit can and cover with full-strength alcohol; screw down the cover and let stand as long as you wish, from a week to a month or longer, shaking once or twice a day. When you wish to finish the product, put a filter paper in a good-sized funnel, insert the stem into a bottle and slowly add the tincture. When filtered you will find that you have a preparation equal to any you can purchase.

I send around samples that I have made in this way and you will notice the difference in color from those I bought; some, no doubt, will judge that the dark sample is the stronger, but my experience has shown that coloring matter is not strength.

By making a few tinctures you come to know good preparations and by comparison the poor ones. It gives you a working knowledge of your remedies not to be obtained in any other way that I am aware of.

Tinctures of barks can be made in the same manner as roots, but berries will have to be crushed in a mortar or other dish. Here is a sample of tincture of xanthoxylum berries made the way described, which I like much better than any I have bought. Plants can be chopped moderately fine, then treated the same as the others.

CANCER.

R. T. Rudd, M.D., Fulton, Ky.

Next to tuberculosis, cancer is the most dreaded disease to which mankind is heir. The word carries in its accent something more than the doom that is too often audible in the diagnosis of tuberculosis, for in the latter case there is always a hope that ends only with life itself, while in the former there is a vision of slow-eating suffering, with a finality of hope that is pitiful.

The statistics of cancer deaths in every country where they are gathered are appalling, and yet the world goes on hiding its "innocent looking lamp," or its growing scalp through ignorance, through hopelessness or through horror of being known as a sufferer from the terrible malady.

Cancer is practically divided into two classes, namely, benign and malig-

nant. The benign is mainly of a surface nature, and the blood is not so impoverished with poison germs. The skin is involved and the sub-cellular tissue and are frequently cured permanently. The malignant is very seldom cured, especially after one or two years' duration.

As to the cause of cancer, there is a peculiar germ that is not found in other diseases. Injury upon the skin has often been styled as causes of this trouble as the starting place for this germ to begin work; also heredity has a great part to play in this disease.

Now, no part of the body is immune from this disease. In the female, the mammary glands are the most frequently involved as well as the uterus. The face of the male is more frequntly involved.

The rose cancer, which is always malignant, grows to an enormous size, which suppurates after long continuance and pus is evolved. The odor, very intense, and a rapid destruction of tissue takes place. The destruction of the blood vessels causes intense hemorrhage, rigors and fevers, brain inflammation and death. The bones may also be involved and the hard tissues destroyed. This disease is more common and sometimes diagnosed as tuberculosis.

The Prognosis.—Benign cancers are frequently cured, but malignant cancer growths are generally fatal.

Treatment.—For all tumors of both classes, operate early. Remove the complete growth, and then expose the scarred tissue to the X-ray for ten or twenty treatments, from five to twenty minutes for each seance. Give treatment every third day. Internally, give one-half dram of clover root extract, three times per day for six months, and proper food should always be given. Avoid all forms of meat; fruit, milk and light forms of diet should be administered.

When patients refuse to be operated on, I have had good results in this treatment: Apply an application composed of these remedies: Zinc chloride, grains four; powdered extract of blood root, drams one; fluid extract of phytolacca, one dram; glycerine, drams one. Apply over the tumor for forty-eight hours until complete separation takes place between the tumor proper and the sound tissue, then remove the plaster for one or two days and apply clover root extract externally until the entire tumor falls out; then use X-ray treatment as before mentioned until the tissues are entirely filled with new cells.

This treatment is preferable, especially in benign growths, such as skin cancers and epithelioma.

I hope these suggestions may be an incentive to those who are interested in the scientific treatment of this disease.

I will just say in addition to what has been mentioned that I am now testing the autolysin serum treatment and the results have so far been remarkably good in many respects, in the way of relieving pain and checking to an alarming extent the growth of the tumor. I would recommend it especially to be used in the early symptoms of either benign or malignant cancers.

HABITS AND CUSTOMS OF THE PEOPLE IN RELATION TO HEALTH IN INDIA.

M. R. Samey, M.D., Bangalore City, India.

The habits and customs of a people form a very large factor in relation to health and disease in every country, and, although it may be considered utopian in thinking that this subject can be successfully dealt with in a brief account as this, yet I will endeavor to do as fair a justice to the subject as is compatible with the limited space at my disposal.

The progress of sanitation among the masses though slow, must, by the pressure of public opinion and the ever-increasing demands of education for improved surroundings, make its influence further dominant; and it is not the object of this essay so much to blame the habits and customs, as to point out in what direction habits and customs, which will take much time and enormous patience to alter, do affect the health of a people.

The ordinary Indian is ignorant and passively resistant to any measures for the control of the spread of infectious diseases which affect his customs and habits, and I endeavor to portray in a brief compass how some features of Indian life may affect the general health of a community. Take, for example, the pollution of drinking water, whether it be in a well, tank, temple or mosque; the washing and bathing, the casting off of offering and the absence of any attempt to keep the supply clean. Observe the preparation of food and sweets and the exposure for sale of articles of food; the method of collecting and distributing milk, and the conditions of domestic life; for example, it is not only the poorer class who sit on the ground and eat their food with their hand out of the same dish, but also among the better classes this custom prevails. In the streets can be seen curry and dhal vendors ladling out food with the hand to any passing purchaser. About schools it is common for groups of children to purchase sweets or foods from itinerant vendors, who mix the foodstuff with their hands and serve it on a piece of paper or leaf smirched by flies, crows and dust. In the houses of most classes, the father or mother feed their children, who are seated on the ground, out of the same vessel, the father first taking his food, the mother afterward. Again, the proximity of animals, goats, fowls, bullocks, dogs, etc., living in the same room as tenants of houses, the amount of rubbish in houses and the facilities rats, fleas, bugs, lice, mosquitoes and flies have for propagating disease. No one with any experience of the homes of Indians in the large towns, small cities or villages can fail to notice these features of common life, and to allow them to continue when they can be gradually removed is a policy which no conscientious sanitarian would accept, although the task before him be enormous.

In mofussil towns and villages immediate relief can not be hoped for, but as the inhabitants gradually emigrate to large cities they become surrounded with different conditions and it is then they learn the value of improved sanitary surroundings and systematic supervision. It will, how-

ever, take many years of strenuous endeavor on the part of the sanitary authorities before they can get the people to realize the necessity for observing any sanitary precautions. This is nothing new in the sanitary history of the world, and it becomes the duty of civic authorities to constantly impress on the people by precept and example the necessity for the observance of the laws and by-laws relating to health. The city fathers should bodily take up this question, and, while recognizing the superstitious and religious objections, cope with the ignorance of the people and gradually create a desire on their part for healthier surroundings.

India is peopled by diverse races, each having its own social and religious customs and habits (domestic), which have been ingrained in the course of ages, so as to be innate and form a part of the integral whole, whether of the individual or the community to which he belongs.

The customs and habits of the indigenous people, whether in villages, provincial towns or presidency cities, vary according to the community. Wherever members of particular communities go they faithfully adhere to and persevere in the customs and habits which from infancy they have acquired and practiced.

Hindus.—Three-fourths of the population of India are Hindus. These are divided into several castes, chief of which are Brahmins, Kshatrias, Vaishias and Shudras. The last include all low castes. The Brahmins are the priestly class, highly educated, ministering the religious rites of all the other castes. They are essentially vegetarians. The only animal food they partake of is milk. For descriptive purposes all of these castes may be divided into two great divisions: (1) Those strictly vegetarians, who include milk in their diet, and (2) those who partake of mixed diet. To the former belong the Brahmins, Bhattias, Jains, Shravak, Banias, Marwadis and Lobanas; and to the latter, Shenvis, Prabhus, Panchkalsis and Marathas in general; and the last, all the Shudras, who eat indiscriminately everything and partake of meal-leavings from all houses.

The floors of houses occupied by Hindus of all denominations are generally of earth. The practice that obtains in mudfloor houses is to smear them with a mixture of cow dung, red earth and water, which gives not an unpleasant coating to the floor. Disinfection with chemical solutions, even the most potent, is, for obvious reasons, impossible. Such house floors are very suitable places for the breeding of fleas. Cow dung may also be the medium or vehicle of diseases, such as diarrhea, typhoid, tubercle, etc. It is to be noted that all Hindus squat and lie on floors.

Some Hindus hold their caste dinners in choultries, or serais, specially built for this purpose. The dinners may be festive or mourning. No plates are used. The meals are doled out on plantain leaves, or, when these are not available, on circular "partravalies," made of dried leaves of the butea frondosa. Speaking of infectious diseases, smallpox is venerated in houses as the visitation of a deity, people refusing to remove such cases to hospitals voluntarily. This is a fruitful source of infection to the neighborhood. On the eleventh day of the disease, when the pustules are scabbing, a patient

is conveyed, generally in a public conveyance, to certain temples, where the goddess "Shitala Devi" is propitiated by offerings.

The females among Hindus during menstrual and lying-in periods are considered as defiles and untouchable. They are set apart in rooms and have no social intercourse.

When a high-class Hindu is on the point of death, he is laid on a country blanket (ghondy), white or black, as may be available at the time in the house, and a basil leaf and some holy water, preferably that of the sacred Ganga or Ganges, are put in his mouth. If a son is present, he takes the dying head on his lap, and, when all is over, the women sit round the body, weeping and wailing; the nearest female relatives affectionately caress the dead face with their hands and often use the free end of the sadis to wipe the face. The body is next washed near the steps of the house, dressed in white "dhoti" and transferred to the bier and conveyed to the "ghat" for cremation. The blanket and bed clothes are given to the poor.

The lower castes after the ablution anoint the dead body with turmeric and butter, while females, with the free end of their "sadis," whisk the face, frequently wiping it. The body is dressed up gorgeously and conveyed on the bier for cremation. All infants and persons dying from smallpox are usually buried. The whole of the above description applies, mutatis mulandio, in a lesser degree to the mixed diet class. There is "purdahnastim" system in some parts of India, especially northern India.

Mahomedans.—The advent of Mahomedans in India amongst Hindus has been iconoclastic in tendency and has led to domestic usages in direct opposition to those of Hindus. Beef was made the staple food of the classes. Mahomedans, as a rule, indulge in mixed diet, while a large proportion of Hindus are vegetarians. The Mahomedan prefers to eat his food in eating-houses—restaurants. The hygienic condition of these eating-houses is very bad. The floors are filthy, the tables and benches are unclean, and practically no storeroom exists for prepared foodstuffs, these being placed underneath a stair or even in close proximity to a privy, water closet, a "mori" or washing place. Generally foodstuffs are kept in open trays without any cover to protect them from flies; if covered, it is generally with a dirty, sodden cloth. Contamination, therefore, of these foodstuffs is frequent and almost certain. On festive and mourning occasions, dinners are prepared in large cauldrons, which perhaps for years have not been tinned, and served to friends and members of respective "jamats." During dinners, one drinking utensil is common to a party, and dinners are served in streets or ground, bare or partially covered by mats, if sufficient accommodation can not be found in houses.

Parsis.—Parsis are the followers of Zoroastrianism. The funeral rites among this community are interesting. When a person dies, after due ablution, the body is conveyed to the ground floor and handed over to two or four of "Khandias," or corpse-bearers. The corpse is then dressed by them and placed apart in a ground floor room on the stone slabs, where no one is allowed to touch or even approach the body. In the interval before the

removal of the body to the Tower of Silence, which invariably takes place in the morning between eight and nine, and in the afternoon between three and four, a priest (Andheroo) continuously chants prayers before the body. Before the corpse's final removal from the house, a ceremony, called the "Gaihe Sarna," is performed, which consists in the chanting of special prayers by a couple of priests, who stand on the doorway. These prayers are made in two parts. During the first part the body continues to lie on the slab. This over, a dog is brought in and the dead body is exposed to its gaze a few minutes. The corpse is then transferred to a bier by "vassesalas," special corpse bearers, who alone can consign the body to the Tower of Silence—the "Khandias"—carrying the body from the house to the tower. The second part of the ceremony is now gone through and completed when the mourners will approach the room where the corpse is to have a last look at it. Further ceremonies are performed for a period of four days on the ground floor, the place in the meanwhile being inaccessible to disinfection. The leaders of the Parsi community are well educated and are termed the merchant princes of Bombay. Their chief habitat is the island of Bombay, although their commerce might have dispersed them all over.

Depressed Classes.—The "depressed" classes, consisting of Maharo, Maugs, Blumgis, Chambars and Dhero, whether living in towns or villages, must of necessity live apart, as they are condemned by all Hindus as "untouchables." No other community will live in close proximity to them because of their habits, thieving propensities and immoral proclivities. In villages they live out, all huddled together in small, dark mud huts. In towns they live in "chawls," set apart for these people, or in the open in huts, made of wattle and daub, and roofing of old kerosine oil tin sheetings. Their personal habits are very filthy and they seem to flourish in squalor. Mahars from times immemorial have been considered essentially hereditary "village servants," their duties being the removal of dead cattle or other animals, burial of outcasts and removal of offal. They engage also in other occupations, such as rope and basket-making, etc. On account of higher wages they can obtain for labor, they are attracted in large numbers to presidency towns. Here they are employed as dock laborers, coal fillers and as scavengers by municipalities for the removal of street and domestic refuse.

In this brief account of the customs and habits of the different races that people this vast peninsula I have endeavored to be very faithful to the habits as are in vogue here in different sections of society. In treating a subject of such huge magnitude as this, I solicit the kind indulgence of the readers for any shortcomings that may be present in this dissertation. With Shakespeare I take the liberty of saying, "Since brevity is the soul of wit and tediousness, the limb of outward flourishes—I will be brief."

BRONCHOPNEUMONIA.

S. W. Moreland, M.D., Jonesboro, Ark.

This is especially a disease of early childhood and old age. While it may be primary, it is more likely to be secondary to bronchitis. It is often associated with measles. The child is often peevish for a few days, fretful, some cough, breathing slightly increased, when within a few hours the temperature may increase to 105 degrees F., the skin becomes dry, the pulse rapid, the respiration increased to 75 or more per minute, the child gasping for breath, some cough; if the ear is applied to the chest some mucous rales will be heard.

The writer cannot discover much in this disease by percussion; dullness not so characteristic as in croupous pneumonia. The diagnosis is made by its being secondary to bronchitis, the evident distress of the little sufferer, and the very rapid respiration, with probably mucous rales. So far nothing has been discovered to guide us in treatment. That is the goal for which the true physician strives. To name the disease may be satisfactory to the friends; may be satisfactory to the physician who has a ready-made mixture to fire at the name. But to the physician who prescribes specifically something more must be known.

What is the character of the pulse? Are the pupils dilated, indicating passive congestion; contracted, indicating an active condition? Does the tongue indicate irritation or torpidity? Does auscultation discover much loose mucus in the air cells?

The remedies that should be studied in this disease are Specific Medicines Aconite, Veratrum, Belladonna, Gelsemium, Ipecac, Lobelia, including the subculoyd, podophyllin, acids and alkalies. No prescription will be given. The intelligent physician will know how to use the indicated remedy. Locally, over the lungs, the writer is in the habit of using libradol. This not only relieves the distressed breathing, but probably aborts inflammatory action.

There is a condition that sometimes occurs that demands immediate relief or the patient will die. There is probably a threatened collapse of some portion of the lung. The distressed breathing is increased, the pulse is hardly perceptible, the face, body and extremities become cyanosed. Now, without speedy relief this child will die. The ideal treatment for this condition, it seems to the writer, is the hypodermic use of lobelia, repeated as required. A number of years ago there appeared in the *American Medical Journal,* published by George C. Pitzer, a short article from a southern practitioner, name forgotten, describing this condition, as he expressed it: "The patient was drowning in its own blood." The treatment in this case, as I remember it, was carbonated ammonia in two-grain doses, frequently repeated. The child lived.

In this article the object has been brevity not prolixity. Suggestive, not exhaustive; specific, not general. Every physician has his text-books,

which he may consult for details. The writer, in closing, wishes to urge the importance of prescribing for specific symptoms, not only in this disease, but in all others.

THE GOLDEN RULE AND ITS APPLICATION IN PRACTICE OF MEDICINE.

Geo. F. Severs, M.D., Centerville, Iowa.

When looking over the faces of the members of the Iowa State Eclectic Medical Society with whom I have been meeting annually for the last twenty years, I notice the changes insidiously taking place. The gray hairs of some of us, the slightly unsteady step and growing nervousness of others, the looks of maturity and ripeness of some others, and the well-rounded and robust appearance of our younger men as well as the empty chairs and the missing voices of some others, all these thoughts lead one to view the kaleidoscopic changes that are forever wafting us onward to the final consummation of our individual labors in our chosen field of endeavor.

In the thirty-five years since I began the study of medicine life has been one hard struggle to fit myself for my life's work and to prosecute this work to a practical and successful consummation.

When I look back over my past life and think of the handicap of primitive social, financial and educational advantages, the almost insurmountable difficulties that faced me from almost every angle, it seems that my failures, though many, have been almost negligible compared with my successes. I believe this feeling and these facts apply to every old physician in this society.

Being born of pioneer Kentucky stock, I very fortunately inherited a deep sense of justice and fair play that I very early adopted as the standard of life, viz., "As ye would that others do unto you, do ye even so to them." This one sentence contains the greatest bit of philosophy and wisdom ever given to or promulgated by mortal man. This saying, so far as history tells us, was first given to man in its form by Confucius, the great Chinese philosopher, five thousand years before the Christian era. His statement of this proposition was, "That which you would not have others do unto you, do not unto them." This, you will see, is a negative proposition. It suggests that you refrain from doing certain things in order to escape certain consequences. A man might be far from being a good man and still be able to follow this precept. That is, he would only have to desist and wait for the other fellow to be the aggressor. This is good enough as far as it goes, but it is, to say the least, a passive proposition and does not imply nor require that active, rugged, bold discriminating activity that is required and demanded by the proposition stated in its positive form given above as enunciated by Jesus Christ.

This proposition as stated, viz., "As ye would that others do unto

you, do ye even so unto them," is alive; it is pregnant with possibilities; it demands action and responsibilities at every turn. You simply can not escape it. Examine this proposition more and more carefully and the magnitude of it is appalling. I believe that few people who quote the rule ever think of what it fully means, much less try to live up to its requirements. It simply means that man must be absolutely unselfish in his dealings with his fellowman, that he must do the other fellow a good turn from the goodness of his own heart, whether the other fellow has the manhood to reciprocate or not. In other words, we must pay in advance when dealing in moral obligations and take our chance on the other fellow being man enough to deliver the goods in return for the favor freely bestowed. Is this too much to ask of any human being? Does the rule require too great a sacrifice? I answer, no! a thousand times, no! for this is the key that unlocks the door to peace and happiness throughout time and eternity. This rule is said to contain all of the law and the gospel.

Any man in any walk of life, and especially any physician who habitually follows this rule, will never become gray-haired by worrying over his business relations with his fellowman; he will not lie awake at night with a troubled conscience. True, he will be disappointed many times by his fellowman in his failure to respond to the appreciation of the rule. But he will meet with these disappointments, anyway, so he must not take it too seriously, as the shortcomings of our fellowman are numerous and disappointing, yet in its final analysis it is the development of the race through the individual that must be ever kept in mind.

The individual with the strong personality, with the clear reasoning brain, the clear and far-seeing eye, has a special duty to perform. I know of no man or set of men that are more responsible to the generation in which they live than the physicians. The physician takes charge of the mother during the great crisis of childbirth and it is into his hands that the helpless babe first comes. It is into the physician's hands that the old man must finally commit himself when he closes his eyes in his final sleep.

The debt the people owe the conscientious physician can never be paid in dollars and cents and it is good for the physician that this is true. I surmise if all the debts the people owe the medical profession could be paid in cash, the physician, of all people, would be the most miserable. I doubt if there is one among us that would have it thus if he could. While the debt the public owe the physician can never be paid, it also means the duty of the physician to the public by virtue of his high calling, by helping to shape legislation in the control of vice, in the moral and social upliftment of the community in which he resides is very great and should not be neglected or ignored by the profession.

While the great majority of the medical profession have ever lived up to these high obligations and have either consciously or unconsciously followed very nearly the teachings of the golden rule, yet, I am sorry to say, the profession has always been cursed with a few grafters, who

will do anything for money, place or power. These men are a menace to the public and a disgrace to the profession, but we have this class of men in every branch of human endeavor so we should not be discouraged that we have our quota.

The most unfortunate point in conjunction with this subject is the petty graft that seems to be becoming more prevalent as time goes on. Some of these grafters are always telling their patients that "This is the highest fever I ever saw; if I had been ten minutes later the case would have been entirely beyond hope," and so on, *ad nauseam*. I heard of a case where a young man had a bubo lanced and the doctor got credit for a very serious operation for appendicitis. Of another case where a young lady had a criminal abortion and the doctor split the skin on the abdomen and stitched it up and got pay and credit for an operation for an ovarian tumor. Some of our regularly licensed physicians are such compound, complicated, comminuted, unmitigated liars that it is no wonder the medical profession has but little standing in some communities.

Take the case of the physician in court; in most of our county seat towns when we have a murder case or a big railroad damage suit, the physicians called to testify for the defense almost always swear diametrically opposite to what they do on the side of the prosecution, a fact which has given force and pith to the saying "that there are three kinds of liars—the common liar, the damned liar and the expert liar. When physicians so far forget themselves that they will be swayed into swearing to what the most ordinary intellect in the galleries knows to be absolutely false, to bolster up some ambitious attorney who wants to make a big record for himself, he is simply disgracing himself and his profession and helping to ruin what little standing he himself may have built up in the community in which he resides.

Is it any wonder when we look over the record of this element in the medical profession—their lies, intrigues and disreputable methods—is it any wonder when the laity understand these things that some of the said laity without moral consciences conclude to take the shortest possible method of reaching the coveted goal of get-rich-quick, get into the healing game at all hazards, and that some of these non-medical healers out-Herod Herod himself and soon become as expert liars and swindlers in the healing game as some of the men in our own profession.

It is to be sincerely hoped that with the study of physiology, anatomy and chemistry by our high school pupils all over our country that the rising generation may be able to discriminate between a plain statement of facts and the chicanery of the petty grafter wherever found. I believe it is the plain duty of every reputable physician to continually fight against fraud, both in the profession and out of it, and do his part to stamp out this deception and petty graft that is so insiduously creeping into and gnawing at the very vitals of legitimate medicine.

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THE ANNUAL MEETING.

We are encouraged, by recent letters from the membership, to look forward to a good attendance at Detroit.

The program will present features of importance and unusual interest. It has been our purpose to encourage the production of essays on all subjects pertaining to medicine, which will be rich in practical worth, and, while some of the newer and more theoretical must be considered, we want to emphasize the well-established.

The great value of our materia medica and practice is beginning to receive more than ever before the credit justly due. It is noteworthy that medical literature has contained many references, in the past two years, to the value of American plant remedies and the school which brought them to notice, developed and established their value is being mentioned with the credit for the same. While this is truly gratifying, yet there remains much to be done and we should not rest on the past accomplishments but forge ahead and establish still more reasons for our existence as pioneers in this great work.

There is yet a wonderful field for development. We have, according to the best of authority, as yet but touched on the possibilities of the vast treasures of nature as represented in our indigenous plant remedies, and many there are, no doubt, as yet untouched.

For these reasons, if no other, our meeting should be a grand success. We take no little pride in the accomplishments of the past, and rightly so, but have we done our full share in keeping up the record of our forefathers who accomplished so much and under difficulties of which we know little except as history informs us? It is, therefore, well for us to look ahead and organize to the attainment of additional knowledge for the relief and

prevention of human illness and suffering. We should not know less or do less, we should not know and do as much, only, as our predecessors did, but if we are true to the progressive spirit of the age we shall have done something to make medicine better, more effective, and the suffering of humanity less and the world a better place for man to inhabit.

Our meetings should, therefore, have much of real interest, should receive the support and encouragement of liberal-minded and progressive men, and should, as they always have, give much in return for the time spent in attending them. These meetings should also afford the opportunity for development of plans to advance the efforts, to encourage research, and to place before the world our quota of scientific attainment.

Wm. P. Best.

THE DETROIT MEETING.

The time for our annual convocation will have arrived by the time the Quarterly will have reached you. We trust that we will have a goodly attendance. Some we know will be unable to attend by reason of having enlisted in the services of the country. Some who are usually with us have passed to the *Great Beyond*. It is thirty-one (31) years since we became a member of the National Association and many changes in its personnel have occurred in that time. Many have been the ties broken by the vicissitudes of time.

The National Association met at Hotel Cadillac, Detroit, Mich., in 1899, David Williams, of Ohio, president. That meeting was well attended, and Ohio did herself proud by reason of the large number of men in attendance in honor of the president. We trust she will do so again.

Detroit is an ideal convention city; plenty of good hotel accommodations; abundance of attractions of all kinds to engage one's attention when not in convention.

Make your arrangements to be in Detroit, June 18-21. The Cadillac Hotel will again be headquarters and all sessions will be held there. Owing to the large number of men who have gone into service, it will require a greater effort to make the session attain its former interest. Many societies have been compelled to defer their sessions. Many find their membership decreasing, so it behooves us all to exert greater efforts, to be more vigilant in order that we may maintain our organization intact.

W. N. M.

LOYALTY.

Just now every man is expected to put his hand to the wheel and assist in the Third Liberty Loan Drive. This is right. We are enjoying an era of prosperity often dreamed of yet seldom realized, and there are few who can not assist in some degree, for the government has provided

several methods through some one, or more, of which even the most humble offering may be felt.

The floating of this enormous loan is one of the examples of co-ordinated effort. Billions of money is raised for the welfare of the government and the army, and no part of the community is made to feel the stress of the demands in such a degree as to be depressing.

We should gladly and freely respond with our money, and how little it all seems when we compare it with the lives that men are offering, when this, the latter, represents their all; not only that, perhaps, but the "all" of the little family, the lonely mother, the aged and dependent father, or the bright prospects of life which stand out before the youth who is about to realize some of the dreams of his school days.

Many men not only see their sons march away "to make the world a decent place to live in," but they are also reaching into the savings or income and giving to Uncle Sam the means as well as the men. The loyalty of our people can not even be measured by these offerings. The giving of sons, daughters and money does not tell all the story. The enthusiasm, the willingness and the desire to have the rights and privileges of this great country made possible and forever vouchsafed to all the world, keeps the loyal and philanthropical vieing with each other in the accomplishment of the greatest good to all people of whatever country or nationality.

This awakens us to the realization that money, liberty and prosperity stand for little unless enjoyed by the entire world. This is a time to develop broadminded and liberal ideas of the rights of men. This brings forcibly to us the truth of the statement "that our rights extend to the point where those of the other man begin." Never was the world so awakened to the justice of "equal rights for all," and upon this one idea, if no other, might the world war well be fought. The principles upon which we are now acting in this gigantic struggle represent on a world stage the same principles for which our forefathers fought to establish the liberty of the United States. The entire scheme of this unprecedented struggle represents the ultimate good of all mankind as against autocracy in government and despotism in religion. This is the American idea applied to the entire world. America and Americans should glory in the opportunity to give to the entire world the blessings of liberty and democracy. We have come to see that "we are our brother's keeper"; especially is the duty of the powerful to the weaker accentuated. The rights of all are the same, be they large or small, many or few.

We need not go away from home to have an application of the great principles underlying the massive expenditure of money and untold and unheard of sacrifice of human life. In this country we have seen small institutions doing good work, giving personal attention impossible in universities, and sending men into the professional field who successfully cope with those from any country or college, forced to cease operation through the edict of an all-powerful and impartial self-constituted authority, which has protected itself by laws where it could and circumvented the laws

where they could not be made to serve their purpose. This, like the aggression of the world's worst enemy, is all done in the name of culture. These men assume and exert an authority of the same character and no less objectionable to our American ideas of right and freedom than that of the Hohenzollerns and Hapsbergs.

While we are willingly giving our dearest possessions for the protection of the principles of democracy abroad, how much are we spending for the protection of our liberties and our rights at home? How easily could one hundred or more of the alumni of any college band together and give the price of two or more Liberty Bonds and donate the amount for the protection, perpetuation and advancement of our institutions of learning. Are we any more slackers in this than in the needs of the country? There are few, indeed, of our men who could not afford to give the price of two of the lowest denomination of Liberty Bonds, and so many who could afford more than this, that our ideals should be kept before the people and our principles made to leaven the whole lump.

It is easily seen that where men neglect to stand for their rights, the blessings, privileges and advantages thereof are respected by no one. Shall medicine, in America, have its Belgium? The reply remains with us—how shall we answer?

WM. P. BEST, M.D.,
Pres. National Eclectic Medical Assn.

PNEUMONIA.

In the March QUARTERLY, attention was called to the fatality attending pneumonia in the camps. The conditions then complained of still exist. Pneumonia is claiming many victims, exacting for its toll men in the very prime of vigorous, young manhood, practically the pick of the nation. Why is it? The echo responds, why? We still believe, as we said three months ago, "Scientific Medicine" is responsible by reason of its therapeutic nihilism and blind adherence to "authority." We doubt if the mortality would be equaled in private practice; in fact, we know it is not.

The New York City Health Department shows that for the week ending February 9th, the mortality from pneumonia was 355; for the preceding week, 325. For the year 1917, the death rate for pneumonia was 193. Just what the death rate is among the troops I do not know, but it is currently reported as being quite large, considerably beyond what it is in private practice.

No doubt the conditions prevailing in the camps, dependent upon the congregating of such a large number of men from all walks and conditions of life, the prevalence of the infectious diseases and resulting sequelæ, are largely responsible for its fatality. The depression of spirit, homesickness and loneliness, consequent from the fact of the enforced absence from home and friends, have no doubt their influences. Homesickness, with its consequent depression and sense of loneliness, are hard to combat—are hard

to overcome—and these young men are entitled to our sympathy and full, unstinted co-operation in their trials.

My attention, however, was called to pneumonia again by reading the assignment of officers in the M. O. R. C. For instance, we often read thus: "To Rockefeller Institute for instruction in the serum treatment of pneumonia."

From a large circle of friends in the profession, I learn that the serum treatment of pneumonia has not proven satisfactory in private practice, and why it should be enforced in our military hospitals does not seem quite clear to me. Possibly it is the force of habit, in blindly following the dictates of scientific medicine.

Medicine has made many changes in a third of a century and the treatment of this disease furnishes a striking example. From poultices of all descriptions and stimulants galore, to complete absence of anything save pure, cold air, thence to serums. Authority proclaimed it a self-limited disease; medicines were of no avail; therefore, it must be so. How often do we follow blindly the dictates of fashion, and often to our own sorrow, rather than to use our own judgment or follow our own experiences. Experience is a hard teacher, a hard taskmaster, but a safe one. We fancy but few of the men serving in the M. O. R. C. would be satisfied to treat pneumonia in private practice solely with serums. Unfortunately, the study and practice of therapeutics in the treatment of disease has become a lost art and is no longer taught in many medical colleges.

The knowledge of disease, its symptomatology, pathology and prevenvention is of great importance, but it is also well to know something about its alleviation and cure as well. Unless the trend of medicine soon changes, the physician of the future must turn to the manufacturing chemist and pharmacist for his knowledge of how to cure disease. In fact, many graduates of our A+ colleges are even now compelled to rely upon the detail man for their therapeutic knowledge. It can not be truly said that the treatment of pneumonia by serums is really scientific or even certain. To understandingly use this method, a working knowledge of bacteriology is necessary. For instance, we have pneumonia, said to be caused by an infecting organism, termed type one; for this, antipneumococcic serum, type one, is used, and so on. Then, when the type diagnosis is not made where the facilities for so doing are lacking, or time is a consideration, antipneumococcic serum polyvalent is used as a routine practice. This is certainly empiric, as much so as any therapeutic measure known to the writer. It is impracticable in general work and certainly resolves itself into pure empiricism unless one is provided with a laboratory and skilled laboratory assistant. Even then it is fraught with uncertainty, as many a pneumonia patient will have passed to the "Great Beyond" before a bacteriological diagnosis could be made. W. N. M.

VOLUNTEER MEDICAL SERVICE CORPS.

1. The enclosed story on the organization of the Volunteer Medical Service Corps is being sent to representative daily newspapers for publication on or after Wednesday, February 27.

2. We shall be glad if you will give some space to this important movement, and shall appreciate receiving marked copy containing any editorial comment you may make.

3. The Executive Committee of the General Medical Board believes that enlistment in the proposed organization of the physicians and surgeons not already members of the Medical Officers' Reserve Corps will be a substantial factor in concentrating the country's resources and a step toward winning the war.

FRANKLIN MARTIN,
Chairman of the General Medical Board and Member of the Advisory Commission.

* * * * * *

The Council of National Defense today authorized the following statement:

For the purpose of completing the mobilization of the entire medical and surgical resources of the country, the Council of National Defense has authorized and directed the organization of a "Volunteer Medical Service Corps," which is aimed to enlist in the general war-winning program all reputable physicians and surgeons who are not eligible to membership in the Medical Officers' Reserve Corps.

It has been recognized always that the medical profession is made up of men whose patriotism is unquestioned and who are eager to serve their country in every way. Slight physical infirmities, or the fact that one is beyond the age limit, fifty-five years, or the fact that one is needed for essential public or institutional service, while precluding active work in camp or field or hospital in the war zone, should not prevent these patriotic physicians from close relation with governmental needs at this time.

It was in Philadelphia that the idea of such an organization was first put forward, Dr. William Duffield Robinson having initiated the movement resulting in the formation last summer of the Senior Military Medical Association with Dr. W. W. Keen as president—a society which now has 271 members.

Through the Committee on States' Activities of the General Medical Board, the matter of forming such a nation-wide organization was taken up last October in Chicago at a meeting attended by delegates from forty-six states and the District of Columbia. This committee, of which Dr. Edward Martin and Dr. John D. McLean—both Philadelphians—are respectively, chairman and secretary, unanimously endorsed the project. A smaller committee, with Dr. Edward P. Davis, of Philadelphia, as chairman, was appointed to draft conditions of membership, the General Medical Board unanimously endorsed the committee's report, the Executive Committee—

including Surgeons General Gorgas of the Army, Braisted of the Navy, and Blue of the Public Health Service—heartily approved and passed it to the Council of National Defense for final action, and the machinery of the new body has been started by the sending of a letter to the state and county committees, urging interest and the enrollment of eligible physicians.

It is intended that this new corps shall be an instrument able directly to meet such civil and military needs as are not already provided for. The General Medical Board holds it as axiomatic that the health of the people at home must be maintained as efficiently as in times of peace. The medical service in hospitals, medical colleges and laboratories must be up to standard; the demands incident to examination of drafted soldiers, including the reclamation of men rejected because of comparatively slight physical defects; the need of conserving the health of the family and dependents of enlisted men and the preservation of sanitary conditions—all these needs must be fully met in time of war as in time of peace. They must be met in spite of the great and unusual depletion of medical talent due to the demands of field and hospital service.

In fact, and in view of the prospective losses in men with which every community is confronted, the General Medical Board believes that the needs at home should be even better met now than ever. The carrying of this double burden will fall heavily upon the physicians, but the medical fraternity is confident that it will acquit itself fully in this regard, its members accepting the tremendous responsibility in the highest spirit of patriotism. It will mean, doubtless, that much service must be gratuitous, but the medical men can be relied upon to do their share of giving freely, and it is certain that inability to pay a fee will never deny needy persons the attention required.

It is proposed that the services rendered by the Volunteer Medical Service Corps shall be in response to a request from the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service, or other duly authorized departments or associations, the general administration of the corps to be vested in a central governing board, which is to be a committee of the General Medical Board of the Council of National Defense. The State Committee of the Medical Section of the Council of National Defense constitutes the governing board in each state.

Conditions of membership are not onerous and are such as any quailfied practitioner can readily meet. It is proposed that physicians intending to join shall apply by letter to the secretary of the Central Governing Board, who will send the applicant a printed form, the filling out of which will permit ready classification according to training and experience. The name and data of applicants will be submitted to an executive committee of the State Governing Board, and the final acceptance to membership will be by the national governing body. An appropriate button or badge is to be adopted as official insignia.

The General Medical Board of the Council of National Defense is

confident that there will be ready response from the physicians of the country. The Executive Committee of the General Medical Board comprises: Dr. Franklin Martin, chairman; Dr. F. F. Simpson, vice-chairman; Dr. William F. Snow, secretary; Surgeon General Gorgas, United States Army; Surgeon General Braisted, United States Navy; Surgeon General Rupert Blue, Public Health Service; Dr. Cary T. Grayson, Dr. Charles H. Mayo, Dr. Victor C. Vaughan, Dr. William H. Welch.

MEDICAL RESERVE CORPS.

1. I wish to call to the attention of the professional at large the urgent need of additional medical officers. As the war progresses, the need for additional officers becomes each day more and more apparent. Although the medical profession of the country has responded as has no other profession, future response must be greater and greater. The department has almost reached the limit of medical officers available for assignment.

2. I am, therefore, appealing to you to bring to the attention of the profession at large the necessity for additional volunteers. So far, the United States has been involved only in the preparatory phase of this war. We are now about to enter upon the active, or the fighting phase, a phase which will make enormous demands upon the resources of the country. The conservation of these resources, especially that of man-power, depends entirely upon an adequate medical service. The morning papers publish a statement that by the end of the year a million and a half of men will be in France. Fifteen thousand medical officers will be required for that army alone. There are today, on active duty, 15,174 officers of the Medical Reserve Corps.

3. Within the next two or three months the second draft will be made, to be followed by other drafts, each of which will require its proportionate number of medical officers. There are at this time on the available list of the Reserve Corps an insufficient number of officers to meet the demands of this draft.

4. I can not emphasize too strongly the supreme demand for medical officers. Will you give the department your assistance in obtaining these officers? It is not now a question of a few hundred medical men volunteering for service, but it is a question of the mobilization of the profession that in the large centers of population and at other convenient points, as well as at all army camps and cantonments, boards of officers have been convened for the purpose of examining candidates for commission in the Medical Reserve Corps of the army. An applicant for the Reserve should apply to the board nearest his home.

5. The requirments for commission in the Medical Reserve Corps are that the applicant be a male citizen of the United States, a graduate of a reputable school of medicine, authorized to confer the degree of M.D.,

between the ages of twenty-two and fifty-five years, and professionally, morally and physically qualified for service.

6. With deep appreciation of any service you may be able to render the department, I am,

J. C. GORGAS,
Surgeon General U. S. Army.

Errata.—By some unaccountable means, "A Dynamic Ileus," page 180, is credited to F. M. Andrus, M.D., Lincoln, Neb. The author is W. J. Johnson, M.D., Pawnee City, Neb. We do not know how this error occurred.

Charles S. Woods, M.D., of Chicago, Ill., is placed among the delinquents. This is also an error.

ROLL OF HONOR.

ARKANSAS.

Boyce, Samuel G., Little Rock.
Landrum, F. W., Driggs.
Moreland, Wm. D., Hickory Ridge.....Aviation Section, San Antonio, Texas
Richard, A. C., Hot Springs.....In France

CALIFORNIA.

Buckington, J. R., Big Pine.....Aviation School, San Diego, Cal.
Evans, H. R., Trena.....San Bernardino
Fraser, Martin W., Richmond.
Prince, Russell W., Los Angeles.....Camp Fremont, Cal.

CONNECTICUT.

White, R. L., New Canaan.....Army Medical School, Washington, D. C.

FLORIDA.

Crum, J. W., Day.
Von Dahm, H. V.....Ft. Oglethorpe

GEORGIA.

Dorsey, Homer A., Pitts.....Camp Joseph E. Johnson, Jacksonville, Fla.
Hendry, J. H., Cuthbert.
Johnson, M. T., Lawrenceville.
Parliament, D. H., Covington.....Camp Dix, Wrightstown, N. J.

ILLINOIS.

Cressman, Ralph G., Oglesby.....South San Antonio
Dyer, Wilson K., Kankakee.....Camp Gordon, Atlanta, Ga.
Herrick, R., Wyanet.....Camp Sherman
McLaughlin, Chas., Berlin.....Base Hospital, Macon, Ga.

INDIANA.

Blosser, Blaine A., Fremont.
Harrell, Martin E., Kokomo.....Ft. Riley, Kan.
Hosman, Fred L., Indianapolis,
327th Machine Gun Battalion, Camp Zachary Taylor, Ky.
Smith, G. A., Bryant.....Camp McClellan, Anniston, Ala.
Waite, Earl L., Rochester.....Camp Upton, Long Island
Waltermire, Tell C., Shelbyville.....Ft. Ogethorpe, Ga.

IOWA.

Eslick, L. E., Rockwell City.....Ft. Riley
Schmaltz, Walter F., Mt. Ayr.....Camp Upton, Long Island

KANSAS.

Brubaker, C. F., McPherson.....Hospital Train, No. 37, Camp Funston
Lawrence, Edward K., Great Bend.....Camp Dodge, Iowa

KENTUCKY.

Alexander, H. T., Fulton.....U. S. General Hospital, No. 5, Ft. Ontario, N. Y.
Burrow, R. C., Cunningham.
Farabough, J. A., Clinton.
Hodge, Otto P., Grant Lick.....In France
Hughes, Walter B., Newport.....Army Medical School, Washington, D. C.
Staughton, J. N., Covington.....Camp Sevier, Greenville, S. C.
Ray, W. E., Staub.

MICHIGAN.

McLaughlin, Nelson, Lake Odessa.....Aviation Camp, Waco, Texas
Pangburn, Leon E., Detroit.

MISSOURI.

Cook, E. F., St. Joseph.
Hurwitt, Frank, Kansas City.

NEBRASKA.

Linquist, A. L., Omaha.....Camp Zachary Taylor, Louisville, Ky.
Osborne, Jas. W.....Ft. Riley, Kan.
Jester, Dr., Bethany.....Deming, N. M.
Methany, H. B., Lincoln.....Ft. Riley, Kan.
Methany, Sam E., Cairo.....Ft. Riley, Kan.
Morrow, Carl, Lincoln.....Ft. Riley, Kan.
Spealman, J. F., Lincoln.....2nd Field Hospital Corps, Neb.
Swartwood, F. M., Lincoln.

NEW YORK.

Alexander, Henry T.....U. S. General Hospital, No. 5.
Shelly, Hilton J., Middletown.....Ft. Benj. Harrison, Ind.
Terwillinger, Frederick, Spencer.....Ft. Oglethorpe, Ga.
Von Unruh, Victor C., New York.....Ft. Oglethorpe, Ga.

NEW JERSEY.

Messinger, Chas. J., Butler.....Hazelhurst Field

OHIO.

Ambrose, W. H., New Petersburg.....Camp Grant, Ill.
Bayless, C. O., Dayton.....Belleville, Ill.
Bechtel, Ray H., Dayton.
Beaman, Chas. W., Cincinnati.....Camp Grant, Belleville, Ill.
Carey, Wm. H., Bellefontaine.....Ft. Oglethorpe, Ga.
Calloway, F. C., Marysville.....Ft. Ogethorpe, Ga.
Connor, Franklin, Sidney.....In France.
Curl, George R., Edgerton.
Davis, Claude, West Liberty.....Fulham Hosp., London, Eng.
Deeds, Chas. R., Dalton.....Ft. Oglethorpe, Ga.
DeCrow, R. W., Sciotoville.....Camp Gettysburg, Gettysburg, Pa.
Demuth, F. F., Cecil.
Dunton, Allen H., Cincinnati.....In France
Englerth, Benj., Delaware.....In France
Falk, J. B., Cincinnati.....Ft. Oglethorpe, Ga.
Gibson, Harold, Blanchester.....Ft. Oglethorpe, Ga.
Hagan, Stewart J., Cincinnati.....Base Hospital, No. 5, Camp Sherman
Hanna, Myron, Scott.....Camp Funston, Kan.
Harding, Chas. L., Bellevue.....Ft. Oglethorpe, Ga.
Holston, J. D., Massillon.....Base Hospital, Camp Zachary Taylor
Keller, Nathan H., Cincinnati.....Ft. Oglethorpe, Ga.
Krohn, Clifford, Morrow.....Ft. Oglethorpe, Ga.
Layport, William L., Cincinnati.....Ft. McPherson, Ga.
Leiser, William A., Ft. Recovery.....Ft. Oglethorpe, Ga.
Mattox, S. W., Marion.
Miller, L. D., Toledo.....Newport News
Moats, George E., Antwerp.
Mundy, Carll S., Toledo.....Base Hospital, Ft. Riley, Kansas
Murr, Paul A., Galion.....Beauregard, La.
Musgrave, A. C., Ohio City.
Naus, Walter, Upper Sandusky.

Nellans, Byron H., Cincinnati.....Army Medical School, Washington, D. C.
Owry, Franklin J., Cincinnati.....342nd Field Hospital, Camp Grant, Ill.
Peterson, M. L., Cincinnati.....Camp Sherman, O.
Postle, Franklin D., Delaware.....In France
Postle, Robert S., Akron.....In France
Powers, H. W., Amherst.
Powers, R. E., Akron.....Camp Custer, Battle Creek, Mich.
Salisbury, J. W., Toledo.....Ft. Oglethorpe, Ga.
Schirack, C. J., Cold Water.....San Antonio, Texas
Siddall, John D., Kalida.....Ft. Oglethorpe, Ga.
Skeels, Everett, Akron.....Columbus Barracks, Columbus, O.
Snell, Albert L., Cincinnati.....Army Medical School, Washington, D. C.
Sponsellor, Fred M., Wellington.
Stefanski, Clarence, Youngstown.
Taylor, Neil E., Cincinnati.....Ft. Oglethorpe, Ga.
Van Horn, Allison M., Findlay .....Berrington War Hosp., Shrewsbury, Eng.
Van Buren, R. C., Carey.....Ft. Oglethorpe, Ga.
Williams, Fred O., Columbus.....Hampton Roads
Wottring, L. C., Cincinnati.....McCook Aviation Field, Dayton, O.

OKLAHOMA.

Akers, Wm. D., Tyrone.....Base Hosp., Camp Doniphan, Okla.
Athey, J. V., Bartlesville.....Camp Custer, Battle Creek, Mich.
Humphrey, D. W., Owasso.....In France
McCreery, Robert C., Erick.
Tucker, William M., Sulphur.

OREGON.

Rankin, J. S., Newberg.....Camp Lewis, Wash.

PENNSYLVANIA.

Glenn, Wm. S., Jr., State College.
Long, Frank H., Coopersburg.
Monroe, Harry S., Waldridge.....In France

SOUTH DAKOTA.

Collins, W. P., Howard.
Goldman, E. W., Madison.....Ft. Riley, Kan.
Raber, D. D., Buffalo.

TENNESSEE.

Dykes, L. M., Johnson City.....Camp Meade, Md.
Hite, J. Harvill, Nashville.

TEXAS.

Standlee, T. H., Lyra.
Stagner, G. H., Waco.....Bellevue Hospital, New York

WEST VIRGINIA.

Hays, Stokley D., Flemington.
Halterman, C. W., Weston.....In France
Lambert, A. C., Charleston.....In France
Musick, R. M., Gilbert.....Ft. Oglethorpe, Ga.
Rhinehart, A. B., McMechan.....Camp Dix, Wrightstown, N. J.

WISCONSIN.

Brewer, J. C., Jefferson.....Camp Arthur, Waco, Texas
Hawley, C. W., Minocqua.
Rodecker, O. C., Holcomb.....Ft. Benj. Harrison, Ind.

NEWS AND NOTES.

California.

Dr. Harvey Crook has removed from Long Beach to Big Pine.

Dr. Oran Newton has removed from Long Beach to Taft, Box 693.

Dr. John A. Sarso was the unfortunate victim of an automobile accident. As a result he is suffering from a compound fracture of the right

femur and fractures of both tibias and fibulas, as well as a number of scalp wounds.

Dr. Orah Knapp Allen has changed her address from Vallejo to care of German Hospital, San Francisco, of which institution she is assistant house physician.

Dr. H. T. Webster's new address is 301 Oakland Ave., Oakland.

Colorado.

Dr. John McElhinney has removed from Unionville to Genoa.

Connecticut.

Dr. Leroy A. Smith has returned from Daytona, Fla., to his home at Higganum, and has been appointed a member of the State Board of Medical Examiners.

Illinois.

Mrs. Neva A. Brown, widow of the late Henry B. Brown, chief owner of the Valparaiso University, has brought suit to recover the property of the Chicago College of Medicine and Surgery, valued at $300,000.

Indiana.

At the annual meeting of the State Board of Medical Registration and Examination, held in Indianapolis, January 8, it was decided that hereafter no examination for license to practice medicine in Indiana will be given in any other language than English. Dr. James M. Dinnen, Fort Wayne, was elected president, to succeed Dr. William A. Spurgeon, Muncie; Dr. A. B. Caine, Marion, was elected vice-president; Dr. William T. Gott, secretary (re-elected), and Dr. Moses S. Canfield, Frankfort, treasurer.

According to statistics, 62,538 babies were born in Indiana in 1917 and there were 39,416 deaths. Tuberculosis caused 3,883 deaths; pneumonia, 3,639; measles, 543; typhoid fever, 481; scarlet fever, 144; infantile paralysis, 33; smallpox, 13; 410 persons committed suicide; 182 murdered; deaths due to external causes, 2,211 men and 707 women.

Iowa.

Dr. B. C. Meeker has removed from 422 Flynn Building to 3403 First Street, Des Moines.

Kansas.

In Rural Child Welfare Series, No. 1, Publication 26, the National Children's Bureau, Elizabeth Moore gives the results of a survey of a typical Kansas county (not named) covering prenatal and postnatal care of mothers and children, together with general economic and sanitary conditions, etc. In this particular county, in which the natural health conditions as to climate, etc., are good, the findings were favorable, on the whole, the infant mortality in the group studied in the district being 40 per thousand. Only one baby in five is weaned before it is nine months old. The mothers are interested in learnng all they can about the care of their children, show-

ing this interest in the "babies' days" held throughout the county, at which infants are weighed, measured and examined. Only one infant in ten fails to have its birth recorded, the fault in this county lying with a very small number of physicians. It was found that, except in times of harvest and threshing, the work of the farm women is perhaps not overhard, but it is said that only of late and to a limited degree is prenatal supervision of mothers appreciated as a means of preventing needless deaths of mothers. According to the findings of the children's bureau, earlier and more frequent consultation of physicians and the employment of trained nurses as visitors before confinement are essential for adequate medical and nursing care. In the county studied, some progress has been made along these lines.

B. F. Lazenby has removed from Wentworth, Mo., to Baxter Springs.

Kentucky.

By a bill put before both houses of the legislature at its present session, the State Board of Health has been given jurisdiction over the bureaus of tuberculosis, hotel inspection, food and drug inspection and vital statistics. The new board will come into existence June 21. For the present, it has been decided that it will be inadvisable to remove the headquarters of the state board from Bowling Green. Both Frankfort and Lexington have been mentioned as locations for the new board. Dr. W. L. Heiser, of the tuberculosis commission, is slated to succeed Dr. Joseph N. McCormack, chief sanitary inspector and acting secretary of the board.

It is the plan of the present State Board of Health to test the constitutionality of the recently enacted law, which combines the various health activities in the state. It is claimed that the title, "An Act Relating to Public Health," does not sufficiently cover the subject to include the abolishment and recreation of the State Board of Health. The suit will be brought to prevent the governor appointing the new board in June. The law provides that if one paragraph is found invalid or unconstitutional it does not affect the rest of the bill. If that portion of the bill in question is found invalid, the new law will be administered by the present board as now constituted.

Louisiana.

Dr. F. P. Jones, Leesville, is sheriff of the parish of Vernon and chairman of the exemption board in his district.

Maryland.

In the general assembly, a bill was recently introduced to revise the laws of the state regulating the practice of medicine, surgery and osteopathy, to provide for the establishment of a board of examiners, and to define its duties. The bill has been agreed on by the medical and chirurgical faculty of Maryland and by the osteopaths' association. The homeopathic profession is also included. The bill provides for the registering of all practitioners of medicine. Those failing to register are subject to arrest for misdemeanor. The board created by the bill is authorized to organize

on the first Tuesday of June, 1918, and shall be constituted as follows: Six members of the present board of medical examiners, representing the Medical and Chirurgical Faculty, two members representing the Maryland State Homeopathic Medical Society, and two members representing the Maryland Osteopathic Association. There is no provision in the bill which specifically prohibits Christian Scientist healers from pursuing their calling. On the other hand, there is no clause which opens the way for the pursuit of their profession.

Michigan.

P. L. Lathrop has removed from Ponca City, Okla., to 623 Stevens Building, Detroit.

Missouri.

Dr. John McElhinney has removed from Unionville to Genoa, Colo.

Dr. O. T. Arnold has removed from Cameron to McAllen, Texas.

Dr. B. F. Lazenby has removed from Wentworth to Baxter Springs, Kansas.

Dr. A. F. Stephens has removed his office and residence from 2300 University Street, to 4483 Washington Avenue, St. Louis.

Dr. J. S. Rinehart has removed from Springfield to Joplin.

Nebraska.

Dr. W. A. Meyers has removed from Lincoln to Casper, Wyo.

Dr. W. Morrow has removed from Louisville to Winnetoon.

New York.

The records of the New York City Health Department show that for the week ending February 9, the mortality from all causes was 1,772, 355 of which were due to pneumonia, while for the preceding week there were 1,736 deaths, of which 325 were due to pneumonia. The highest number of deaths from pneumonia recorded on any one day this winter was on February 5, the day following the extremely severe cold wave, when there were seventy-three deaths reported as due to this disease.

During 1917, the state was divided into thirteen districts, each in charge of a public health nurse and a nurse trained in the after-care of infantile paralysis, according to *Health News* (January, 1918). Working in connection with the sanitary supervisors of their districts, they investigated forty-nine outbreaks of communicable diseases, made tuberculosis surveys in five counties, conducted child welfare exhibits in eighteen municipalities, and established ten little mothers' leagues in the state, with a membership of 415. Birth registration was investigated in seventeen municipalities and rural health surveys were made in seventeen others. Food exhibits and talks in connection with them were made by the nurses in twenty-five communities, a different community being visited each week. The after-care nurses had an average of 293 poliomyelitic patients to visit in addition to seventy-two patients who were brought to hospitals for operation. One nurse was assigned to the supervision and instruction of midwives. The nurses will arrange

for tuberculosis clinics in their districts, to be conducted by experts, and will maintain a proper follow-up system in the homes.

The New York City Health Department has analyzed in its laboratory more than 100 samples of bread, rolls, candy and other foodstuffs said to contain powdered glass. No glass was found. Fifty per cent. of the samples contained sand or grit. The department states that in normal times only 5 per cent. of persons finding sand or grit in their food would report it, while at the present time 75 or 80 per cent. would report the fact to the department. The department warns the public against the wave of hysteria that seems to be the result of these unfounded reports.

Dr. C. B. Graf has removed from 411 West End Avenue to 230 East 15th Street.

Francis Cohen has removed from 980 Fox Street to 954 Prospect Avenue, Brooklyn.

S. S. Babcock has removed from 618 Delavan Avenue to 633 Main Street, Buffalo.

The fifty-eighth annual meeting of the New York Eclectic Medical Society has passed into history. The president of the society, Dr. J. H. Terpenning, being sick in bed, the meeting was very ably conducted by the third vice-president, Dr. M. W. Dawley, of Richfield Springs, N. Y.

The report of the secretary and state organizer, as well as the report of the treasurer, were received with a great deal of applause, as they showed the society in a good condition in all ways, with a very handsome balance in the bank.

The legislative committee presented its report showing the new danger which faces all physicians from the compulsory health insurance bill, now before the new legislature. This committee will conduct a vigorous campaign against all medical bills, such as the Chiropractor bill, the Drugless Therapy bill, and a few others which are unjust to the medical profession.

Interesting papers were read at the meeting, as well as cases presented. The following officers were elected: President, M. W. Dawley, of Richfield Springs, N. Y.; first vice-president, Chas. Baker, of Marietta, N. Y.; second vice-president, L. B. Dawley, of Westtown, N. Y.; third vice-president, John Birkenhauer, of New York; secretary and state organizer, T. D. Adlerman, of Brooklyn, N. Y.; treasurer, Henry Stoesser, of Union Course, L. I., N. Y. For board of censors: W. L. Heeve, M.D., F. A. Green, M.D., H. S. Blackfan, M.D., H. Stoesser, M.D., F. A. Rivett, M.D., Ira Spencer, M.D., C. Best, M.D. Next place of meeting, Albany, N. Y., April 23 and 24, 1919. At the close of the session, the secretary announced that 124 members have paid their state and national dues.

A bill in the state legislature to license chiropractors is being opposed by representatives of the State Department of Health and the educational and medical professions throughout the state. Dr. Augustus M. Downing, deputy commissioner of education, contends that the bill is absolutely at variance with the present method of state control of similar professions, since it would take from the board of regents the power of decision in

admitting candidates to practice. The Whitney bill in the legislature, which would abolish all local boards of health, replacing them with county boards and giving complete control to the State Board of Health, met with so much opposition from local health authorities throughout the state that it has been withdrawn. Strong opposition has developed to bills introduced into the New York state legislature, which, if they became laws, would remove all obligation on the part of rural communities to carry out physical training and health inspection. The present physical training law requires that children of eight years or over in elementary and secondary schools should receive systematic physical training and health inspection. Among the opponents of these measures were Dr. Thomas D. Wood, professor of physical education at Columbia University, and Dr. Eugene Lyman Fiske, of the Life Extension Institute, who claim that children in the rural districts need physical training and inspection more than those in the city.

The health department has recently published a resume of its statistics for the year 1917, which shows that the death rate last year was 13.78, the lowest ever recorded in the city. The death rate for 1916 was 13.89 and for 1900, 16.00. The respiratory diseases, as a class, are still responsible for a large number of deaths annually; the death rate from pneumonia was 1.93, the same as in 1913. The death rate from tuberculosis shows an increase over that prevailing in 1916, the rate being 1.55, as against 1.50 for 1916. While the prevalence of the common infectious diseases is known to fluctuate from year to year, there has been a gradual reduction as compared with ten or twenty years ago. Heart disease, Bright's disease and cancer fail to show any decrease. Last year there were 529 deaths from sunstroke, the largest number in New York City since 1901. There has been a marked increase in violent deaths the past few years. In 1917, the rate of deaths from automobile accidents was 9.07 per hundred thousand, as against 5.64 in 1913. In 1917, there were 768 deaths from suicide as compared with 836 in 1916. The marriage rate was 10.49 in 1917, as against 9.78 in 1916 and 9.68 in 1910.

North Dakota.

Dr. Gordon E. Mordoroff has removed from Chicago to Haltinger.

Ohio.

E. B. Shewman, M.D., has been appointed a member of the surgical staff of the Bethesda Hospital, Cincinnati.

A table prepared by Dr. John E. Monger, state registrar of vital statistics, giving the comparative number of deaths in 1915 and 1916, shows there were 43,932 deaths in Ohio in 1915 and 46,525 in 1916. Deaths among farmers, gardeners and bakers decreased, as did those among painters, glaziers and varnishers employed in factories. Teachers, agents, canvassers, typists, bookkeepers and accountants made a good showing in conservation of life by a substantial reduction, and there were fewer deaths among firemen, soldiers, guards, watchmen and detectives in 1916. Deaths

among street railway conductors and locomotive engineers decreased, but among locomotive firemen they were nearly doubled. Deaths among stationary engineers, compositors, linotypers, typesetters, plumbers and gas fitters and coal miners increased. The last calling was hit hard, there being 271 deaths in 1915 and 507 in 1916. Among dentists there was a decrease from thirty-four to thirty-one, and among physicians and surgeons from 185 to 181, but there was an increase from twenty-six to fifty-one among trained nurses.

R. B. Curl has located at 1442 Milburn Avenue, Toledo. He has taken the office vacated by Dr. Lawrence Miller, who has enlisted in the United States Medical Officers' Reserve Corps and is located at Newport News.

M. L. Peterson, of Cincinnati, has been promoted to a captaincy in the M. R. C. and is stationed at Camp Sherman.

J. Stewart Hagan, of Cincinnati, has been ordered to Camp Sherman for duty with the Cincinnati Base Hospital Unit, No. 25. This outfit embraces twenty-six physicians and surgeons, 185 enlisted personnel and about eighty trained nurses.

Wm. W. Klemert is located at Findlay and Bremen Streets, Cincinnati.

Dr. Clayton W. Russell, Springfield, who has been under treatment at the Springfield City Hospital, has returned to his home, much improved.

The ten leading communicable diseases in Ohio in January, according to reports of the State Department of Health, were, with the total number of cases of each: Smallpox, 1,926; chickenpox, 1,001; measles, 996; scarlet fever, 860; mumps, 813; whooping cough, 759; diphtheria, 555; tuberculosis, 496; acute pneumonia, 462; German measles, 375. The smallpox situation during that month was the worst Ohio has had in the five years during which records have been kept by the state department. The previous month of the five-year period reached a total of 900. Only fifteen of the state's counties reported no cases in January. Henry county had the highest smallpox prevalence from the standpoint of population, with 202 cases, of which 158 were at Napoleon. Summit county, with 243 cases, 170 of which were in Akron, had the largest actual county total.

The new buildings of the Ohio-Miami Medical College of the University of Cincinnati were formally dedicated, March 25. Gifts of $25,000 were announced. President Charles W. Dabney, of the university, in his opening address, paid eloquent tribute to Dr. C. R. Holmes, by whose untiring efforts these magnificent buildings were added to the university. Addresses were also made by Dr. Henry S. Pritchett, of the Carnegie Foundation, Dr. Joseph Ransohoff and others. Mr. Rufus B. Smith, on the behalf of the directors, accepted the building. The chief donors were: Mrs. Mary M. Emery, who gave $300,000 for the building, Dr. Benjamin K. Rachford, who gave $125,000 for the endowment of a chair of pathology, Mr. and Mrs. Charles P. Taft, Mrs. Charles Fleischmann, Col. William Cooper Proctor, Harry H. Levy, Mrs. W. T. Semple, Mrs. Christian R. Holmes, Mrs. Julian Benjamin, Miss Mary Hanna, Mrs. Emilie Heine and James P.

Orr. The grand total of subscriptions was $555,000. There still remains $75,000 to be raised to free the buildings from debt.

Ohio State Medical Board.—The regular quarterly meeting was held in Columbus, April 1 and 2, all members present. Questions were submitted for the next examinations, which will be held in Columbus, June 4, 5, 6 and 7, 1918. The following reciprocity certificates were issued on the basis of a prior state board examination: W. P. Saunders, Alabama '13, to Cleveland; F. H. Strawbridge, Ala. '14, to Akron; W. B. Quinn, Cal. '16, to Cincinnati; C. H. Cable, Ill. '17, to Cleveland; C. H. Abell, Kan. '03, to Canton; E. W. Mitchell, Ky. '16, to Salem; C. T. W. Sappington, Md. '03, to Dayton; R. O. Knapp, Mich. '10, to Akron; R. G. DeVoist, Mich. '16, to Cincinnati; G. A. Parillo, Mich. '17, to Youngstown; G. P. Stavrou, Minn. '17, to Columbus; J. C. Anderson, Penn. '13, to Parlett; G. Hopkinson, Vt. '14, to Akron; R. M. Campbell, Wis. '16, to Toledo. The following reciprocity applications on the basis of previous diploma registration: A. W. Tarr, Ill. '98, to Cleveland; C. A. Leisher, Ind. '97, to Cleveland; A. S. Brady, Ky. '93, to Portsmouth. Certificates were issued to the following non-drugless practitioners on examination or five-year waiver: W. S. Chandlee, S. R. Patterson, V. E. Fowler, D. J. Kennedy, N. A. Sweeney, E. C. Mattimore, E. M. Higgins, M. E. Ferrell. Certificates were refused to nine others. The Illinois College of Chiropody was placed on the approved list. The certificate of James L. Holden, M.D., of Columbus, Ohio, was revoked after conviction for an alleged abortion. The certificate of Robert A. Brown, M..D, of Akron, Ohio, was revoked for illegal advertising. The certificate of F. L. Bowsher, of Akron, Ohio, was revoked for illegal advertising. The other cases cited before the board were either admonished or continued for further hearing in July.

Oregon.

A. G. Smith has moved from Fairgrounds to Dennison Apartments, Belmont Street, Portland.

Pennsylvania.

The attorney-general of Pennsylvania has ruled that the presence of all of the members of the Pennsylvania Bureau of Medical Education and Licensure is necessary to revoke a license or to vote recognition to a medical college, whereby its graduates may become eligible for a license in that state.

South Dakota.

B. S. Allison has removed from Lake Preston to Madison.

At the meeting of the State Board of Health and the State Medical Examiners at Pierre, Dr. Hampton Kenaston, Bonesteel, was made president; Dr. Charles E. McCauley, Aberdeen, vice-president, and Dr. Park B. Jenkins, Waubay, secretary. The other members of the board are Drs. Arthur S. Jackson, Lead, and Charles A. Bower, Mitchell. At the meeting, eleven applicants took the examination for licenses.

Tennessee.

B. L. Simmons, M.D., has removed from Greenville to 309 Jackson Building, Nashville.

Texas.

Dr. M. E. Daniel, of Honey Grove, after serving many years as a member of the Texas State Medical Board of Examiners, was elected commissioner in his home town, and has recently been elected mayor and police judge.

West Virginia.

C. B. Backus, M.D., has removed from Cannelton to Winifred.

Curl D. Hartwig has removed from Wileyville to Lunsford, Ark.

MISCELLANEOUS.

Medical Officers Discharged from the Service.

Rather sensational statements have appeared in some of the newspapers regarding the number discharged from the Medical Reserve Corps and the reasons therefor. Certain newspapers seem to have assumed that all who have been dischaged were inefficient, and numerous editorial comments have been based on this assumption. Briefly, the facts are:

Up to March 1, including those connected with the National Guard, 1,078 medical officers had been honorably discharged. If this number had been dismissed because of inaptitude or incompetency, it would be a serious matter. The following is the official tabulation as of March 1, 1918:

DISCHARGES IN THE MEDICAL RESERVE CORPS.

Physical disability	369
Inaptitude	150
Other branches of the service	297
Domestic troubles	26
Resignations	88
Needed by the community	32
Deaths	28
Total	990

DISCHARGES IN THE MEDICAL CORPS, NATIONAL GUARD

Physical disability	25
Inaptitude	10
Other branches of the service	15
Domestic troubles	0
Resignations	34
Needed by the community	1
Deaths	3
Total	88

It will be noted that, including the two corps, 312 are listed under the term "other branches of the service." This refers to those who have been transferred to the regular Medical Corps, as well as to those who have gone outside of the medical department; that is, those who have taken appointments in the line. Deducting these 312 men who have not actually been discharged from the army and thirty-one who have died, leaves 735 who have been honorably discharged from the army for all causes. One hundred and twenty-two have resigned; thirty-three "needed by the community"; twenty-six were compelled to give up their work on account of domestic complications—which in the majority of instances means family illness, death, etc.; 394 were dismissed for physical disability and 160 for inaptitude. It is quite possible that some of those who have been dismissed for "physical disability" were inefficient in their work but certainly only a small percentage.—*Journ. A. M. A.*

Medical Aims.

The highest aim of scientific medicine today is the eradication of preventable disease, and in the solution of this problem all men who have the interest of the human race at heart can and do write, regardless of medical schools or creeds.—Dr. George M. Kober.

License for the Sale of Chemicals.

A license is now required for the sale of certain chemicals. This license must be procured from the Bureau of Mines, Washington, D. C., and Pittsburgh, or from a designated representative in certain localities. The cost of the license is twenty-five cents, and covers the following chemicals: Nitro acids of all kinds, perchloric and picric acids, ammonium bichromate, chromate, nitrate and picrate, barium chlorate, chromate, nitrate and peroxid, calcium chromate, permanganate and peroxid, copper and ferric nitrate, lead chromate and citrate, magnesium nitrate, perborate and peroxid, nickel nitrate, oxone, potassium bichromate, chlorate, chromate, nitrate, perchlorate and permanganate, phosphorus, silver nitrate, sodium bichromate, chlorate, chromate, perborate, permanganate and peroxid, strontium chlorate, nitrate and peroxid, and zinc perborate and peroxid.

The Carrel-Dakin Wound Treatment.

Athur Dean Bevan holds that the value of the Carrel-Dakin method of treating infected wounds has not been established. He has been forced to the conclusion that Carrel's work does not meet the requirements of scientific research. Bevan believes that the choice of antiseptics in the treatment of infected wounds is of little moment, and that the use of the Carrel-Dakin fluid, like Koch's lymph, Bier's hyperemia and the vaccine therapy of acute infections, will have a short period of popularity.—*Journ. A. M. A.*, November 17, page 1727.

Comparison of Draft Rejections.

The statement sometimes made that the average of health of the young men of the country is lower than it was at the time of the Civil War, as shown by the percentage of rejections in the recent selective conscription, has been disproved by the showing of Provost-Marshal-General Crowder in his report to the secretary of war. Of the 2,510,706 men examined in the first call of the present draft, 730,756 were rejected on physical grounds, which is 29.11 per cent. In the Civil War, 31.69 per cent. of the men drafted were rejected. Commenting on this editorially, the *Public Health Journal* quotes General Crowder to the effect that in view of the advance in standards of medical diagnosis since the Civil War, the figures indicate a decided improvement in the physical condition of the young men of the nation.

Torpedoing of Hospital Ship.

The Hospital Ship *Rewa* was torpedoed and sunk in the English Channel about midnight, January 4, on her way home from Gibraltar. There were 287 wounded on board. All were safely transferred to patrol vessels, and there were only three casualties among the crew, three Lascars being missing. She was displaying all the lights and markings required by the Hague Convention, and she was not, and had not been, within the so-called "barred zone" as delimited in the statement issued by the German government, January 29, 1917. It may be remembered that in order to stop the sinking of hospital ships by the Germans, under the groundless pretext that they were used to carry soldiers or munitions, an agreement was entered into with the German government—evidently another scrap of paper—that hospital ships should carry a Spanish naval officer to insure that they were not so used, and would then be immune. Before this agreement, hospital ships ran without lights at night, risking collisions in order to avoid the greater danger of the German pirates. Trusting to the agreement, the *Rewa* was lighted up and going at about four knots. A torpedo struck with a terrific crash right on the hospital cross. The conduct of the captain and other officers was admirable; orders were given and carried out with splendid accuracy, and boats were successfully launched while the ship was sinking. There were about thirty patients in cots, and these were first placed in the boats. The four women nurses were then taken off. When everyone else had left the ship, the officers followed. About ten minutes after the last boat was loaded, the ship plunged head foremost and disappeared. Wireless messages that had been dispatched were picked up by mine sweepers and other ships, and the boats, after being adrift from between one and two hours, were picked up in the moonlight. In accordance with the agreement, a Spanish officer had traveled from Saloniki, and left the vessel at the last port of call, Gibraltar. Hospital ships are so distinguished that there is no possibility of confusing them even at a distance of several miles, either during the day or at night with other vessels. They are painted white, have a broad band of green from stem to stern about four feet deep,

huge red crosses painted amidships and red crosses on each bow. At night, large vessels, such as the *Rewa,* besides carrying the usual navigation lights, have several hundreds of lights burning. The sides of the ships are picked out with a belt of green electric lights about three feet apart, and the red crosses are illuminated by brilliant white electric lights. The *Rewa* was 456 feet long, and would have been seen at a distance of at least five miles. She is the sixth British hospital ship known definitely to have been torpedoed without warning during the last ten months. In each case the crime was committed during the night.—*Journ. A. M. A.*

OBITUARY.

Chaney, George C., Eclectic Medical Institute, Cincinnati, 1874, died at his home in Independence, Kansas, February 4,, aged seventy-two.

Davis, Frederick A., United States Medical College, New York City, 1881, died at his home in New York City, January 14, aged eighty-one.

Ferguson, Napoleon B., Eclectic Medical Institute, Cincinnati, Ohio, died at his home in Huntington, W. Va., January 4, 1918, aged sixty-five.

Hammond, George Washington, GeGorgia College of Eclectic Medicine and Surgery, Atlanta, 1890, died at Franklin, Ga., February 6, 1918.

Keeling, William Wesley, Eclectic Medical College, Cincinnati, 1864, died at his home in Nemaha, Neb., March 19, 1918, aged sixty-six.

Kuhn, William A., White Cloud, Mich., Bennett Medical College, 1887, died at Grand Rapids, Mich., February 19, 1918.

Lewis, Jacob Franklin, Eclectic Medical Institute, Cincinnati, 1872; member of the Arkansas State and National Eclectic Medical Associations; died at Little Rock, Ark., January 24, 1918, aged sixty-four.

Majeski, Wenzel, Bennett Medical College, 1881, died at his home in Chicago, Ill., February 1, 1918, aged seventy-three.

Metcalf, Olive B., of Oakland, Cal., California Medical College, San Francisco, 1883, died at the home of her daughter in Oakland, February 18, 1918, aged one hundred.

Moorman, Charles T., Eclectic Medical Institute, Cincinnati, 1876, died at his home in Packwood, Iowa, February 4, aged eighty-one.

Shrader, C. O., Lieut. M. O. R. C., Eclectic Medical College, died at his home in Bowling Green, April 9, 1918, aged forty.

Thompson, Alvah Roy, Lieut. M. R. C., U. S. A., of Buckhead, Ga., Eclectic Medical Institute, Cincinnati, 1911, died in Atlanta, Ga., December 22, 1918, aged twenty-seven.

Van Doren, Silas H., Bennett Eclectic Medical College, Chicago, 1878, died at his home in Chicago, February 8, 1918, aged sixty-six.

Webster, H. H., Eclectic Medical Institute, Cincinnati, 1873, died at his home in Cleveland, Ohio, December 25, 1917, aged sixty-eight.

Wilson, William S., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1891, died at his home in Maysville, Ga., January 27, 1918, aged fifty-five.

FOREWORD.

The annual meeting of the National Eclectic Medical Association will be held at Hotel Cadillac, Detroit, Mich., June 18-21. A very interesting program is promised, a tentative outline of which is appended. This is, however, subject to change by the association. The committee of arrangements have promised us several items of interest and entertainment, which will add greatly to the pleasure and profit of the meeting. Among them will be a trip to Parke, Davis & Company's laboratories. A patriotic meeting on June 19, at which time Mrs. H. A. Shafor will read one or more patriotic poems. Mr. Harold Jarvis, a well-kown tenor, will favor the society with a few musical numbers.

An item of much interest will be a lecture by Dr. E. J. O'Brien, who has recently returned from the front in France. His lecture will be accompanied by stereopticon views. I am sure we will all want to hear the talk, especially so when one notes the large number of our men who are in the service.

Organization is now the watchword in all classes of society and all walks of life. Let us, then, in this eventful year in the history of our nation, come together with increased energy and will, to do our part toward elevating and maintaining the standards of our faith.

OFFICERS.

President—William P. Best, M.D., 2218 E. 10th St., Indianapolis, Ind.

First Vice-Presdent—M. M. Harvill, M.D., Nashville, Tenn.

Second Vice-President—J. H. Rinehart, M.D., Quinter, Kansas.

Third Vice-President—G. A. Munch, M.D., Tampa, Fla.

Recording Secretary—H. H. Helbing, M.D., 4963 Fountain Ave., St. Louis, Mo.

Corresponding Secretary—W. N. Mundy, M.D., Forest, Ohio.

Treasurer—E. G. Sharp, M.D., Guthrie, Okla.

COMMITTEES.

Committee on Organization—Chairman, W. N. Mundy, M.D., Forest, Ohio.

Arkansas—C. E. Laws, M.D., Ft. Smith.

California—H. T. Cox, M.D., 600 York Building, Los Angeles.

Colorado—J. A. Dungan, M.D., Greeley.

Connecticut—Simon L. Katzoff, M.D., Bridgeport.

District of Columbia—Geo. McDonald, M.D., 1204 G Street, N. W., Washington.

Florida—G. A. Munch, M.D., Tampa.

Georgia—Benjamin L. Griffiths, M.D., Flat Iron Building, Atlanta.

Idaho—C. A. Barton, M.D., Payette.
Illinois—E. S. Spindell, M.D., Springfield.
Indiana—J. E. Holman, M.D., 3315 E. Tenth St., Indianapolis.
Iowa—B. C. Minkler, M.D., Des Moines.
Kansas—J. S. Rinehart, Abilene.
Kentucky—J. C. Mitchell, M.D., Stark Building, Louisville.
Maine—F. W. Abbott, Taunton, Mass.
Maryland—F. L. C. Helm, M.D., 2757 Nave Street, Baltimore.
Massachusetts—John Perrins, M.D., 70 Huntington Avenue, Boston.
Michigan—C. H. Murphy, M.D., Lansing.
Minnesota—F. E. Hufnail, Minneapolis.
Missouri—B. J. Wiesner, M.D., St. Louis.
Nebraska—Samuel Metheny, M.D., Lincoln.
New Hampshire—W. H. True, M.D., Laconia.
New Jersey—A. Liva, Lyndhurst.
Nevada—J. T. Martin, M.D., Reno.
New York—T. D. Adlerman, M.D., 910 St. Johns Place, Brooklyn.
Ohio—W. N. Mundy, M.D., Forest.
Oklahoma—T. L. Sharp, M.D., Orlando.
Oregon—H. L. Henderson, M.D., Astoria.
Pennsylvania—W. S. Glenn, M.D., State College.
Rhode Island—D. L. Powe, Providence.
South Dakota—W. E. Daniels, M.D., Madison.
Tennessee—J. P. Harvill, M.D., Nashville.
Texas—H. H. Blankmeyer, M.D., Aransas Pass.
Utah—C. L. Olsen, M.D., Murray.
Vermont—P. L. Templeton, M.D., Montpelier.
Washington—J. W. Cosford, M.D., Spokane.
West Virginia—J. A. Monroe, M.D., Wheeling.
Wisconsin—J. B. Brewer, M.D., Jefferson.
Wyoming—T. A. Dean, M.D., Casper.

Grievance Committee—Chairman, J. A. Munk, M.D., Los Angeles, Cal.; John B. Mathew, M.D., Blue Mound, Ill.; C. A. Tindall, M.D., Shelbyville, Indiana.

Press Committee—Chairman H. A. Shafor, M.D., Detroit, Mich.; Chas. H. Murphy, M.D., Lansing, Mich.; C. S. Sackett, M.D., Charlotte, Mich.

Committee on Finance and Audit—B. K. Jones M.D., Kenton, Ohio; J. C. Mitchell, M.D., Louisville, Ky.; Geo. C. Porter, M.D., Linton, Ind.

Publicity Committee—J. K. Scudder, M.D., Cincinnati, Ohio; T. D. Adlerman, M.D., Brooklyn, N. Y.; Finley Ellingwood, M.D., Chicago, Ill.

Legislative Committee—W. N. Mundy, M.D., Forest, Ohio; F. M. Bettencourt, M.D., Mart, Texas; S. M. Sherman, M.D., Columbus, Ohio.

Medical Colleges' Committee—F. L. Wilmeth M.D., Lincoln, Neb.; J. K. Scudder, M.D., Cincinnati, Ohio; D. R. Alexander, M.D., Kansas City, Mo.

Committee on Arrangements and Entertainment—H. A. Shafor, M.D., Detroit, Mich.; W. J. Couch, M.D., Detroit, Mich.; W. L. Hulse, M.D., Detroit, Mich.; I. M. C. Conley, M.D., Detroit Mich.

Committee on Conference with the Homeopaths—W. N. Mundy, M.D., Forest, Ohio; W. P. Best, M.D., Indianapolis, Ind.; J. K. Scudder, M.D., Cincinnati, Ohio; H. H. Helbing, M.D., St. Louis, Mo.; H. A. Shafor, M.D., Detroit, Mich.; R. L. Thomas, M.D., Cincinnati, Ohio; F. L. Wilmeth, M.D., Lincoln, Neb.

Council of Medical Education—Theo. D. Adlerman, M.D., Brooklyn, N. Y.; O. S. Coffin, M.D., Indianapolis, Ind.; W. E. Daniels, M.D., Madison, S. D.

PROGRAM.

Tuesday, June 18—9:00 A. M.

Call to order by president.....Wm. P. Best, M.D., Indianapolis, Ind.
Invocation.....Rev. Chester Emerson, North Woodward Cong. Church
Address of Welcome.....Oscar B. Marx, Mayor, Detroit
Address of Welcome on behalf State Society...H. A. Shafor, M.D., Detroit
Response.....Wm. P. Best, President N. E. M. A.

Business Session.

Calling roll of officers.
Calling roll of states for formation of house of delegates.
Approval of minutes of previous meeting.
Report of recording secretary.
Report of corresponding secretary.
Report of treasurer.
Report of standing committees.
Report of special committees.
Appointment of committees.
Miscellaneous or new business.

Tuesday, 2:00 P. M.

President's Address.....Wm. P. Best, M.D., Indianapolis, Ind.

Section I—Practice and Pathology.

Chairman—H. C. Smtih, M.D., Glendale, Cal.
Vice-Chairman—Simon L. Katzoff, M.D., Bridgeport, Conn.
Secretary—N. A. Graves, M.D., 2258 W. Walton St., Chicago, Ill.

Diabetes—A Few Simple Methods of Treatment,
Simon L. Katzoff, Bridgeport, Conn.
Drug Addict and How to Prevent Birth Control,
B. Stanley Tommasello, Greenwich, Conn.
Eczema.....W. E. Daniels, Madison, S. D.
Some Practical Points Learned from the Use of the Sphygmomanometer,
N. A. Graves, M.D., Chicago, Ill.

Albuminuria.....Lloyd S. Downs, M.D., Waco, Tex.
(Subject unannounced).....W. E. Kinnett, M.D., Peoria, Ill.
(Subject unannounced).....W. P. Best, M.D., Indianapolis, Ind.
Chicago's Venereal Clinics.....Edith B. Lowry, M.D., St. Charles, Ill.
Treatment of Acute Articular Rheumatism,
H. W. Felter, M.D., Cincinnati, O.
(Subject unannounced).....R. L. Thomas, M.D., Cincinnati, O.
Pneumonia.....W. J. Kinsley, Seneca, S. D.
Spirit of Eclecticism in the Orient.....J. J. Rizk, M.D., Waverly, Neb.
Pathology of Pneumonia.....A. F. Stephens, M.D.
The Importance of Microscopical Examination of Specimens,
H. H. Helbing, M.D., St. Louis, Mo.
(Subject unannounced).....E. R. Waterhouse, M.D.
Pneumonia.....John B. Matthew, M.D., Blue Mound, Ill.

WEDNESDAY, JUNE 19—9:00 A. M.

Business Session.

Section II—Orificial Surgery.

Chairman—J. H. Hauck, M.D., Terre Haute, Ind.
Vice-Chairman—W. E. Kinnett, M.D., Peoria, Ill.
Secretary—B. E. Dawson, M.D., Kansas City, Mo.

Suture of the Levator Ani Muscle in Perineorrhaphy,
J. E. Holman, M.D., Indianapolis, Ind.
Orificial Surgery.....W. E. Kinnett, M.D., Terre Haute, Ind.
The Tie that Binds.....George E. Porter, M.D.
Pinched Nerves.....J. H. Hauck, M.D., Terre Haute, Ind.
The Necessity for Orificial Work in Tuberculosis,
Z. L. Baldwin, M.D., Kalamazoo, Mich.
The Potency of the Sexual System in Shaping Humanity,
B. E. Dawson, M.D., Kansas City, Mo.

Section III—Materia Medica, Pharmacology and Therapeutics.

Chairman—Richard J. Lambert, Ph.G., M.D., St. Charles, Ill.

Vice-Chairman—Cloyce Wilson, M.D., 432 Clark St., Cincinnati, O.
Secretary—E. R. Blough, M.D., 1823 Brownsville Rd., Pittsburgh, Pa.

ORATION 1. *Plant Therapy* (Scientific Accuracy and Certainty of Results in Well-Determined Doses)..John Uri Lloyd, Phar.M., Cincinnati

ORATION 2. Clinical Versus Laboratory Diagnosis of Infectious and Contagious Diseases, with Special Reference to Serums, Vaccines and Antitoxines. (Scientific Accuracy and Certainty of Results; Dosage).....Finley Ellingwood, M.D., Evanston, Ill.

ORATION 3. Health and Wealth from Flowers,
Richard J. Lambert, Ph.G., M.D., St. Charles, Ill.

ORATION 4. Some Recent Advances in Plant Therapy by Parental Routes.....G. Strohbach, M.D., Cincinnati, O.

1. Symposium on Echinacea and Lobelia,
Under direction of Finley Ellingwood, M.D., Evanston, Ill.
1—A. Echinacea. Clinical Experience,
C. S. Sackett, M.D., Charlotte, Mich.
2—A. Indications Calling for Use as Occur in the Several Contagious and Infectious Diseases, with Method of Administering.....W. P. Best, M.D., Indianapolis, Ind.
3—A. Method of Administering the Drug in the Different Diseases and Dosage..H. H. Blankmeyer, M.D., Aransas Pass, Tex.

1. B. Aconite:
1—B. Indications Calling for Use of Drug as Occur in the Several Contagious and Infectious Diseases,
J. W. Pruett, M.D., St. Louis, Mo.
2—B. Preparations Used, Dosage and Method of Administering Drug in Different Diseases,
E. G. Sharp, M.D., Guthrie, Okla.

2. Symposium on Bacterial Vaccine,
Under the direction of E. P. Zeumer, M.D., Cincinnati, O.
1. History of Bacterial Vaccines...J. L. Payne, M.D., Cincinnati, O.
2. Prophylactic Use of Vaccines..C. S. Amidon, M.D., Cincinnati
3. Therapeutic Use of Vaccines....H. A. Shafor, M.D., Detroit
4. Treatment of Various Infections with Bacterial Vaccines..
A. W. Lescohier, M.D., Detroit, Mich.

1. C. Macrotys (Cimicifuga):
1—C. Pharmacological (Laboratory and Clinical) Actions and Active Principles or Ingredients,
R. J. Lambert, Ph.G., M.D., St. Charles, Ill.

1. D. Glandular Remedies—Pituitrin,
C. F. Flannery, M.D., New Castle, Pa.

1. E. Bryonia:
1. Pharmacological (Laboratory and Clinical) Actions and Active Principles or Ingredients and General Uses,
Z. L. Baldwin, M.D., Kalamazoo, Mich.
2. Ingredients Calling for Use of Drug as Occur in the Several Contagious Diseases.....R. L. Thomas, M.D., Cincinanti, O.

1. F. Serums (for immunizing; for therapy):
E. P. Zeumer, M.D., Cincinnati, O.

3. Oration: Our Contribution to Humanity,
John Uri Lloyd, Phar.M., Cincinnati, O.

1. G. Chionanthus:
1. Indications Calling for Use of Drug; Preparations Used, Dosage and Method of Administering the Drug in Different Contagious Diseases.....W. S. Glenn, M.D., State College, Pa.

1. H. Calendula: Some External and Local Uses,
W. M. Gregory, M.D., Berea, O.

I. Pulsatilla:
1. Indications Calling for Use of Drug; Preparations Used, Dosage and Method of Administering as Occur in the Several Contagious and Infectious Diseases,
H. A. Shafor, M.D., Detroit, Mich.

1. J. Veratrum:
1—J. Pharmacological (Laboratory and Clinical) Actions and Active Principles or Ingredients,
W. E. Daniels, M.D., Madison, S. D.
2—J. Indications Calling for Use of Drug as Occur in the Several Contagious and Infectious Diseases,
H. W. Felter, M.D., Cincinnati, O.
3—J. Veratrum in the Treatment of Increased Blood Pressure.....H. H. Helbing, M.D., St. Louis, Mo.

1. K. Cactus.....J. W. Fyfe, M.D., Saugatuck, Conn.
1. L. Helonias Dioica .....E. R. Blough, M.D., Pittsburgh, Pa.
1. M. Arnica, Internally.....M. F. Bettencourt, M.D., Mart, Tex.
1. N. Thuja.....M. V. Hazen, M.D., Harrisburg, Pa.
1. O. Thuja and Senecio.....J. D. McCann, M.D., Monticello, Ind.
1. P. Asclepias; Some of Its Uses,
Benj. L. Simmons, M.D., Nashville, Tenn.

Escatol.....D. E. Rausch, M.D., Stone Creek, O.
Our Own Medicines.....S. M. Sherman, M.D., Columbus, O.
Pituitrin.....D. W. Holmes, M.D., Bellevue, Tex.

Wednesday, June 20—2:00 P. M.

Business Session.

Section IV—Mental and Nervous Diseases.

Chairman—W. E. Postle, M.D., Shepard, O.
Vice-Chairman—A. J. Given, M.D., Stamford, Conn.
Secretary—A. B. McNaughton, M.D., Augusta, Ga.

1. Diagnosis of Insanity.....F. Green, M.D., Boston, Mass.
2. Sane or Insane?.....T. D. Adlerman, M.D., Brooklyn, N. Y.
3. Custodial Care of Insanity....Charlton Simon, M.D., New York, N. Y.
4. Medical Treatment of Insanity...F. D. Webley, M.D., San Diego, Cal.
5. Insanity and Surgery.....T. D. Adlerman, M.D., Brooklyn, N. Y.
6. Etiology and Diagnosis of Dementia Precox,
T. D. Adlerman, M.D., Brooklyn, N. Y.
7. Care and Treatment of Dementia Precox,
A. B. McNaugton, M.D., Augusta, Ga.
8. Manic Depression Insanity:
Etiology.....Wm. D. Guthry, M.D., Pilger, Neb.
Symptoms and Diagnosis....F. E. Hufnail, M.D., Milwaukee, Wis.
Care and Treatment.....A. J. Givens, M.D., Stamford, Conn.

Locomotor Ataxia:
Etiology, Symptoms and Diagnosis,
C. Z. Sturdevant, M.D., Atkinson, Neb.
Treatment—Medical and Physical,
A. W. Berrow, M.D., Hot Springs, Neb.
Hysteria:
Etiology.....W. E. Postle, M.D., Shepard, O.
Symptomatology.....F. A. Kraft, M.D., Milwaukee, Wis.
Stigmata.....F. S. Peck, M.D., Oklahoma City, Okla.
Treatment.....F. P. Davis, M.D., Enid, Okla.
Senile Insanity.....F. S. Peck, M.D., Oklahoma City, Okla.

Section V—Surgery.

Chairman—R. B. Hubbard, M.D., Ferguson Bldg., Los Angeles, Cal.
Vice-Chairman—L. L. Marshall, M.D., 814½ Main, Little Rock, Ark.
Cancer and Adenoma of the Rectum; Symptoms and Treatment,
B. Roswell Hubbard, M.D., Los Angeles, Cal.
Ectopic Gestation.....L. L. Marshall, M.D., Little Rock, Ark.
The Electrolytic Eradication of Birthmarks,
J. E. G. Waddington, M.D., Detroit, Mich.
Large Cyst of the Kidney.....H. H. Helbing, M.D., St. Louis, Mo.
Ventral Hernia Following Laparotomy....B. E. Dawson, M.D., Kansas City
Multiple Fractures.....O. C. Welbourn, M.D., Los Angeles, Cal.
Symposium on Exophthalmic Goiter,
Chairman E. B. Shewman, M.D., Cincinnati, O.
1. Etiology, Symptoms and Diagnosis of Exophthalmic Goiter,
George E. Dash, M.D., Cincinnati, O.
2. Eye Phases in Exophthalmic Goiter,
R. C. Heflebower, M.D., Cincinnati, O.
3. Treatment of Exophthalmos.....C. S. Amidon, M.D., Cincinnati, O.
4. Medical Treatment of Exophthalmic Goiter,
J. B. Harvill, M.D., Nashville, Tenn.
5. Surgical Treatment.....E. B. Shewman, M.D., Cincinnati, O.
6. The Treatment of Goiter by Mechanical and Electrical Modalities,
W. L. Heeve, M.D., Brooklyn, N. Y.

THURSDAY, JUNE 20—9:00 A. M.

Business Session.

Section VI—Obstetrics and Gynecology.

Chairman—J. E. Holman, M.D., Indianapolis, Ind.
Vice-Chairman—A. Liva, M.D., Lyndhurst, N. J.
Secretary—O. C. Welbourn, M.D., Los Angeles, Cal.
Embryology.....M. S. Aisbitt, M.D., Los Angeles, Cal.
Salpingitis.....H. H. Helbing, M.D., St. Louis, Mo.
Effects of Smallpox on the Pregnant Woman,
Chas. I. Welch, M.D., Agenda, Kan.

Reflexes and Metastases.....Benj. E. Dawson, M.D., Kansas City, Mo.
Intra-Pelvic Adhesions—Etiology, Symptoms and Treatment,
B. Roswell Hubbard, M.D., Los Angeles, Cal.
Venereal Diseases—Their Influence on Posterity,
Chas. O. Davidson, M.D., Columbia, Mo.
The Great Need of Systemic Treatment in the Cure of Uterine Diseases,
James Beard, M.D., Pasadena, Cal.
Some Dangers of Hurried Fetal Delivery..J. A. Faber, M.D., Cordell, Okla.
Treatment of Tumors of the Womb and Adnexa,
P. F. Bullington, M.D., Chico, Cal.
Fevers after Labor.....J. A. Spam, M.D., Paris, Tex.
Simple Endometritis.....R. R. Nevitt, M.D., Mildred, S.D.
Dysmenorrhea.....S. W. Moreland, M.D., Jonesboro, Ark.
How to Handle Your Cases to Prevent Lacerations,
J. P. Price, M.D., Williamsville, Mo.
Some Hints as to the Care of the Parturient Woman,
W. E. Daniels, M.D., Madison, S. D.
Obstetrics in General Practice.....D. E. Bronson, M.D., Olathe, Kan.
Procidentia of Uterus in the Aged..M. E. Eastman, M.D., Weaverville, Cal.
Surgery of the Adnexa with After-Treatment.
F. M. Andrus, M.D., Lincoln, Neb.
Ectopic Gestation.....O. E. Welbourn, M.D., Los Angeles, Cal.
Relation of the Nervous System to Gynecology,
Ella M. Caryl, M.D., Los Angeles, Cal.
Obstetrical Oddities.....F. H. Smith, M.D., Ft. Smith, Ark.
Maternal Impressions.....O. S. Coffin, M.D., Indianapolis, Ind.
Pituitrin.....J. E. Holman, M.D., Indianapolis, Ind.
Goiter in Pregnancy.....Z. L. Baldwin, M.D., Kalamazoo, Mich.
Shoe Horn in Obstetrics.....J. H. Hauck, M.D., Terre Haute, Ind.
A Pregnancy Complicated by Cystic Degeneration of the Kidney,
A. F. Stephens, St. Louis, Mo.
Puerperal Eclampsia.....M. G. Porter, M.D., Elnora, Ind.
Placentia Previa.....C. M. Hazen, M.D., Titusville, Pa.
Miscarriage and Treatment.....C. A. Tindall, M.D., Shelbyville, Ind.
Obstetrical Suggestions.....R. J. Lambert, M.D., St. Charles, Ill.

THURSDAY, JUNE 20—2:00 P. M.

Business Session.

Section VII—Ophthalmology and Otology.

Chairman—D. H. Griffiths, M.D., Atlanta, Ga.
Vice-Chairman—C. S. Amidon, M.D., Cincinnati, O.
Secretary—W. M. King, M.D., Oklahoma City, Okla.

Laryngitis.....J. H. Powell, Atlanta, Ga.
Ozena.....C. M. Neldon, Coshocton, O.
Some Results Obtained by Removal of Tonsils,
Thomas Slayden, Williamson, W. Va.

Foreign Bodies in the Eye.....J. C. Solomon, Los Angeles, Cal.
Granulated Eyelids.....G. W. Johnson, San Antonio, Tex.
Mastoiditis.....A. S. Lutgen, Wayne, Neb.
Local Anesthesia in Nose and Throat Work..J. P. Harbert, Bellefontaine, O.
The Turbinate Bones.....E. V. Ball, Atlanta, Ga.
The Effect the Present War is Having on Eye, Ear, Nose and Throat Practice.....R. C. Heflebower, Cincinnati, O.
Juvenile Cataract and When to Operate.....D. H. Griffith, Atlanta, Ga.

Section VIII—Pediatrics.

Chairman—N. M. Glenn, M.D., State College, Pa.
Vice-Chairman—G. E. Dash, M.D., Cincinnati, O.
Secretary—Mereva D. Brown, M.D., DeKalb, Ill.

Pneumonia.....Frank Webb, M.D., Bridgeport, Conn.
Diabetes.....E. H. King, M.D., Saratoga Springs, N.Y.
Gastro-Enteritis.....M. B. Pearlstein, M.D., Brooklyn, N. Y.
Diphtheria.....W. L. Heeve, M.D., Brooklyn, N. Y.
Tuberculosis.....Henry Stoesser, M.D., New York, N. Y.
Dentition.....E. G. Dech, M.D., Easton, Pa.
Measles.....C. J. Hemminger, M.D., Rockwood, Pa.
Scarlet Fever and Sequel.....C. L. Johnstonbaugh, M.D., Bethlehem, Pa.
Tonsils and Adenoids.....J. D. Keiper, M.D., Johnstown, Pa.

FRIDAY—JUNE 21.

Business Session.

Section IX—Public Health.

Chairman—H. E. Vitou, M.D., South Bend, Ind.
Vice-Chairman—Carl S. Muady, M.D., Toledo, O.
Secretary—E. S. Spindel, M.D., Meyer Bldg., Springfield, Ill.

Eugenic Laws as a Means of Protecting Public Health,
W. E. Daniel, M.D., Madison, S. D.
(Subject unannounced).....M. S. Canfield, M.D., Frankfort, Ind.
Medical Inspection of School Children and Its Effects on Public Health,
H. E. Vitou, M.D., South Bend, Ind.
Contagion and Infection.....T. D. Hollingsworth, M.D., Akron, O.
The Enforcement of Public Health.....Brose Horne, M.D., Gas City, Ind.
Effective Methods in Preventing the Spread of Contagion,
J. E. Holman, M.D., Indianapolis, Ind.
Milk Inspection.....C. L. Johnstonbaugh, M.D., Bethlehem, Pa.
Precaution Doctor Should Take to Prevent His Being the Carrier of Infection.....A. P. Basinger, M.D., Pleasant Plain, O.

Business Session.

Unfinished business.
Installation of officers.
Appointment of standing committees.
Adjournment.

SEPTEMBER, 1917. VOL. 9, No. 1.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION QUARTERLY

Edited by WILLIAM NELSON MUNDY, M.D.,

Forest, Hardin County, Ohio

A journal of Eclectic medicine and surgery, comprising the proceedings, papers and discussions of the Association and published in the interest of the Eclectic system of medicine. Published by the Association, 640 West Sixth Street, Cincinnati, Ohio.

TABLE OF CONTENTS ON PAGE 1.

FELLOWS' SYRUP

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Secretory activity as well as motility are enhanced. The free flow of bile, pancreatin and succus entericus will insure enteric digestion. Indicated even when gross pathological lesions are present—as cancers, ulcers, bands, kinks and adhesions, chronic appendicitis. Overcomes all forms of secretory disturbances of stomach.

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DECEMBER, 1917. VOL. 9, No. 2.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION QUARTERLY

COLLEGE OF PHYSICIANS LIBRARY 16 1918

Edited by WILLIAM NELSON MUNDY, M.D.,
Forest, Hardin County, Ohio

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MARCH, 1918. VOL. 9, No. 3.

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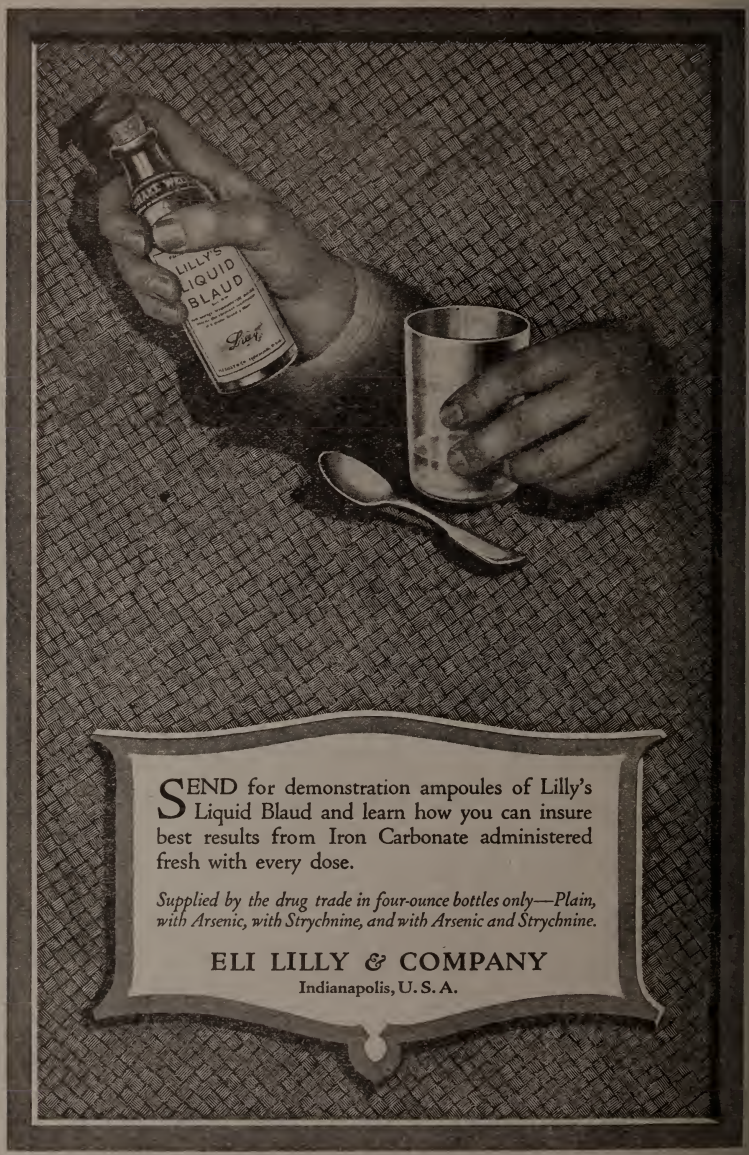

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Edited by WILLIAM NELSON MUNDY, M.D.,
Forest, Hardin County, Ohio

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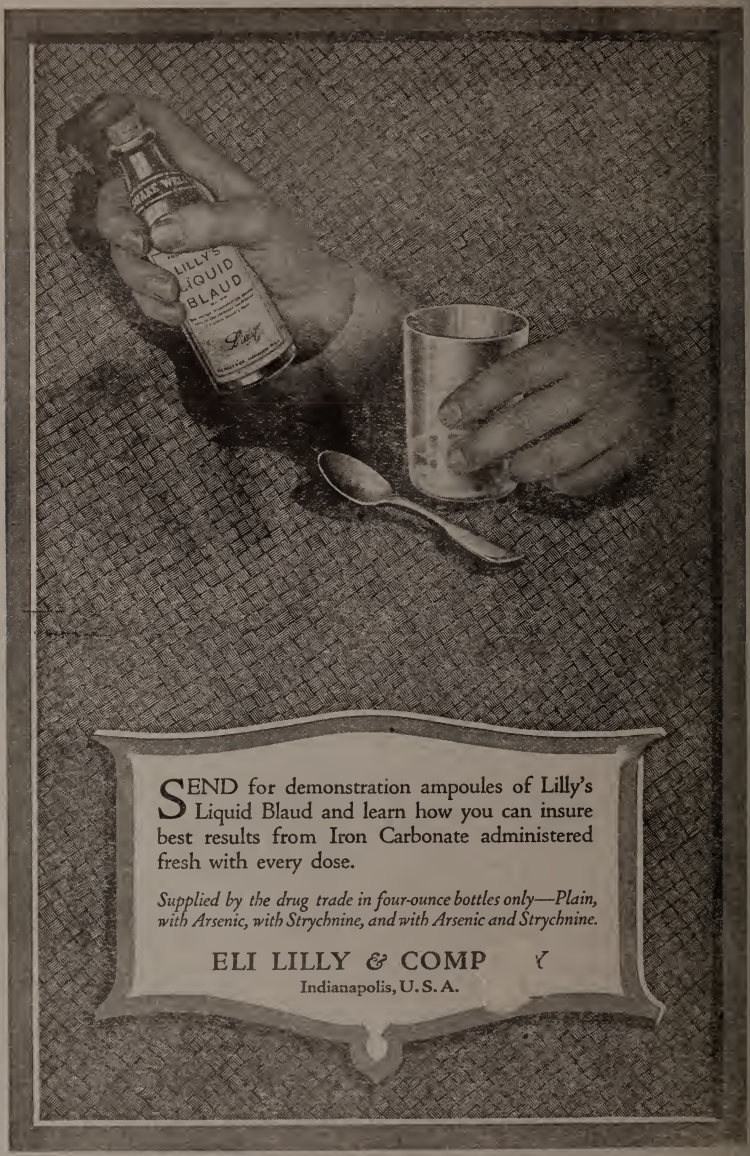

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